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	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 0	5 5 6 6		
0	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	AY YEAR 2h HOUR		
1		erman	Adkins	February 25,	, 1981 2:00A ,		
2	3. SEX	4 RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HR		
d.	MALE	BLACK	FEB. 9. 1928	53 YRS.	ONTHS DAYS HOURS MIN		
9	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH		
<b>33</b>	VIRGINIA	U.S.A.	WIDOWED DIVORCED	Durdage Commen O	ounty		
0	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	12b. KIND OF BUSINESS OR		
34	Laurel	Greater Laurel I	ADDRESS) Beltsville Hospita	TRUCK DRIVER	DAIRY		
S CE	USUAL RESIDENCE   IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS	EXCEPTION LINE		
83	VIRGINIA	ALEXANDR		224 S. JENKINS	ST.		
a u	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST		
501	JOHN	ADKINS	CORA	MIDDLE	MUSE		
ō	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16h SOCIAL SECU	RITY NO 17 INFORMANT	ADDRESS			

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) MRS. DORIS ADKINS SAME AS 13 e 225 34 0309 NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P:M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) DUSEN PROFESSIONAL BUILDING ALI BAIG LAUREL, MD. 20810

BP DHMH-16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. should be detached for us with the State Dept. of Hee MPORTANT. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY RURTAI 28FER81 24 FUNERAL DIRECTOR nelsoldrung 84 Franklin St 250. DATE RECED. BY REGISTRAR Alexandria, VA 223/4 greane Funem Hone

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			REGISTRAR		ME		XAMIN			TE OF DE	ATH	REG. NO	o.		
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ō >	DIRECTOR. FILES. FOURS	ma		white	MONTH DAY	03	LAST BIRTHD	AY) MONTH		JNDER 24 HRS.	PRONOUNG DEAD	ED	1-28	19 81	9:137R
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> 5	PERSE STA		Chever1	У	II. NAME OF HO	Georg	e s co	. Hos	pital	N 12a US FOR	MOST OF WORKII	ATION (TYPE	OF WORK 12b.	KIND OF BU OR INDUSTR	SINESS RY
. 21201	TO MEDICAL EXAMINER: THIS CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA EXECUTE THE CERTIFICATE. WITHING THE WORD "FENDING" IN PRICULI IN 1TEM 18. GIVE AGGES, 12, AND 3 TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN P. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT FERMIT. PAGES 1 AND 2 SHOULD BE AFTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS.  BALTIMORE, MARKLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	130. S	43H, D.	IF IN HURSING HOME OF	R OTHER INSTITUTION, G		OR TOWN		13d. INSIDE CITY LI	MITS?   13e. STF	Z ADDRES	st.,	N.W	(	
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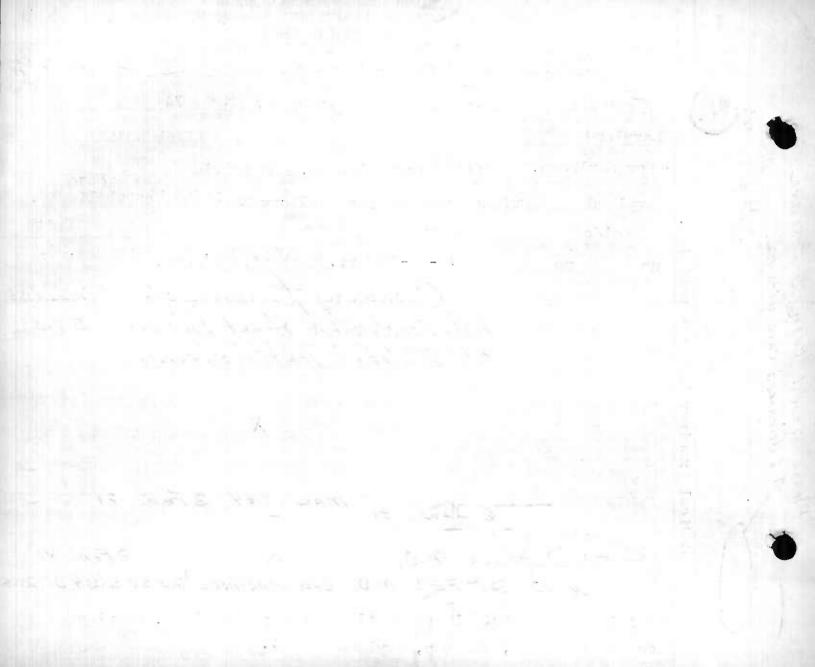
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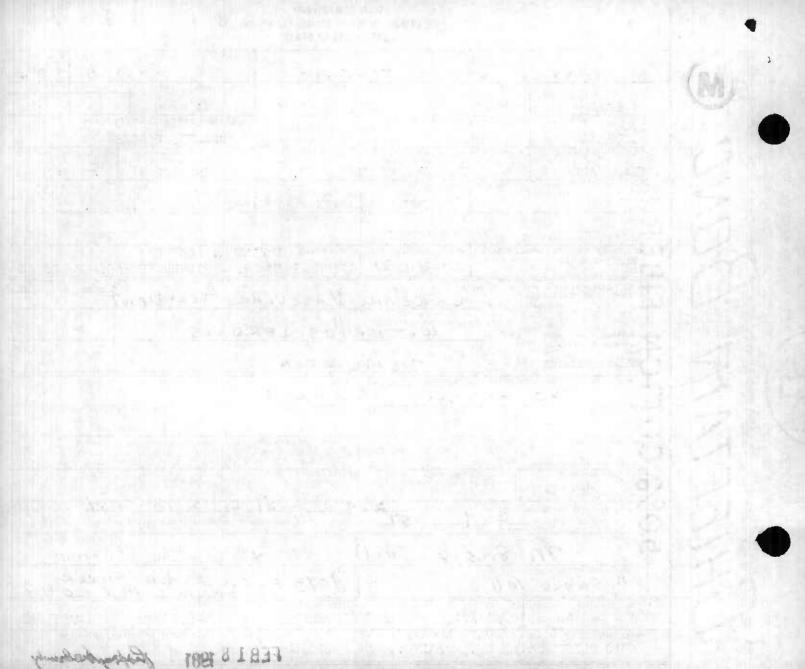
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1	* 5 F 1 E		IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED		9. COUNTY OF	DEATH		
	E E BE	coul	laryland	USA	WIDOWE	land .	PRINC			Md.
			TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	OR INSTITUTION (If n	ot in hospitol 120. L		(Kind of work done	12b. KIND	OF BUSINESS OR
1	是 100 mm		per Marlbord		stphali	la Kd. Ho	puseholo	ife, even if retired.)		
N	PART SES	130.	USUAL RESIDENCE (Where deceo	sed lived, if institution: Residence be	efore 13c. CITY OR	TOWN 13d. INSIDE C		REET AND NUMBER	20870	
2	# # # # # # # # # # # # # # # # # # #		sion) STATE arvland	Prince Georg	res Uppe	erMarlboro	NO 100	009 West	phalia	a Rd.
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7	anding par rema		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o)	mara	rus Th	rond	ases.	in	mediat
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d	the death certification is the attending physical permit. Then promoted matian, ar remayal, een notification is the promoted in the promoted i		Conditions, if ony, which gove	1 Antoni		atio XHE	PARY !	Kense	2 5	YRS
00	hat the death an.  by the attendir transit permit.  cremation, ar re		rise to immediate cause (a), stating the underlying couse	DUE TO OR AC A CONCEOUEN	CE OF /	1 10 - 1	,	/		
2			lost.	() Gener	Allze	d HRY	PRIOS/	OKOSIS		
1	ed Case equires that the physician. signed by the burial-transit is burial, cremat		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMINAL DISEASE	OR CONDITION GIVE	IN PART 1(o)		
0	11 0	2								
2	the law rate attending attending has been the as the fippriar to next	ATIO	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION V	AS PERFORMED	20o. AUTOPSY?	n a CALICTO	YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
60		TE					X	OF DEATH?		1
1	A/S IAN: Ideal ar ficate for us Health	CER	21a. ACCIDENT WAS UNDERLYIN			OW INJURY OCCURRED (	Enter noture of inju	y in Port 1 or Port 2	2, Item 18.)	
01	SICIAL Sprital sprital entifice ed for ed for AXAI	OCAL	OR CONTRIBUTING CAUSE OF DI		19					
7	Maspit certified thed pt. of Ex	ME	21d. INJURY OCCURRED 21e	. PLACE OF INJURY (AT HOME, FARM, STI	REET, FACTORY.) 21f. LO	OCATION Street or R.F.D	. No. City	or Town	County	Stote
3	Cantage H		While Not while of work	(office boilding, c			11			
9	A Parata		22a I cortify that (1) (#	nis hospital) attended the de	ceosed fram	MAR_,1	964, to_3	Feb.	19 <b>87</b> , th	not (I) ( <del>we</del> ) last
140	A PAR		saw the deceased o	alive ane, (I) (we) (did) (Balant) view	19 <i>&amp;</i> _Z, an	d that in (my) (our)	opinion death	accurred on the	date and ho	ur ond from the
	PERSON D			e, (I) (we) (old) ( <del>old not</del> ) viev	the body difer	aearn.			2c. DATE SIGNED	
	M ESTA		22b. SIGNATURE	Ven no	) DEGI	ATTENDING X	MED. DIRECTOR	CTACC	3 Feb.	
100	Pied w		22d. PHYSICIAN'S	Theen M.	()	220 ADDRESS		N		
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	5-6	24	FUNERAL DIRECTOR		DRESS		D BY REGISTRAR	25b. REGISTRA		
6	/00 VRA55(4)	L	ee Funeral H	Home, Clinton.					44/1460	
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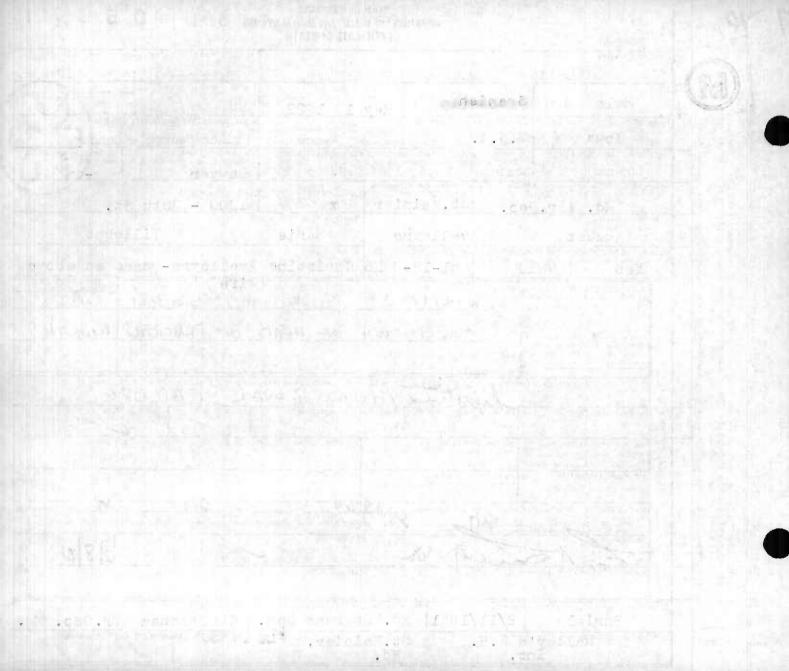


5	11-	FOR STATE		DEPARTMENT OF	HEALTH			<b>§</b>	0 5	5 6	9
	1. DE	REGISTRAR CEASED NAME FIRST	ME	MIDDLE	NER'S C	ERTIFICATE		REG	NO.	DAY YEAR	Zb. HOUR
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ALIPOR.	3 SE	Tale Block	S. DATE OF BIRTH	YEAR LAST BIRTH			MIN; PRO	DATE NOUNCED DEAD	2-2	DAY YEA	1134
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F ANY REFORM	13e. S	, C	UNTY	Washin		13d INSIDE CITY LIMITS?	13e STREET A	D St.	N.E.		
DEATH. IF ANY DELAY IS NGES 1, 2, AND 3 TO THE FLOW PART 3. RETAIN PAGE 5. AND 2 SHOULD BE FILED.	1	THER'S NAME Ohn E Ander	MIDDLE	LAST		15. MOTHER'S MAIN Ethel	DEN NAME Hall	MIDDLE		LAST	
IMO PAG ON O ON O	16e V	AS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURI		17. INFORMANT	an Cari	ADDR	ES\$228	Tenn /	lve NI
TON ST., BALTI 24 HOURS AFT ITEM 18. GIVE NIONG WITH F PERMIT. PAGE (CIENE, DIVISIO	-	Yes Ar  18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	my only one couse per lin	for (o), (b), and (c).)	8926		an Car	Jer, L	olster	APPROXIMA	ATE INTERVAL
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RDS, 201 W. EXECUTED W NG" IN PEN CAL EXAMIN A BURBAL - TR 1 AND MENTIAL MATION, OR	1	lying cause last.	(c)	AS A CONSEQUENCE							
L RECORDS, ULD BE EXEC "PENDING" "PENDING" "PENDING" HEDITH AN HEATH AN AL, CREMATIN	N O	PART 2 OTHER SIGNIFICANT CONDITIE	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN I	PART 1 (a)				
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DEV THIS CI WARDE PAGE 3 PAGE 2 1201	₹	WHILE NOT WHILE AT WORK	STREET, SAC	TORY FARM STC.)	Rosa	\$ 50,0	land Ne	or town Pr.	Georg	gs, Ma	STATE
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DHMH-17 (VR A15 ME (5) ) 15M 2/80		NAME DIRECTOR Dudl 25 Maryland	ey S <sub>N</sub> En	me Inc			0 1961	31KAK 230. K	A STRANGS	- ATORE	

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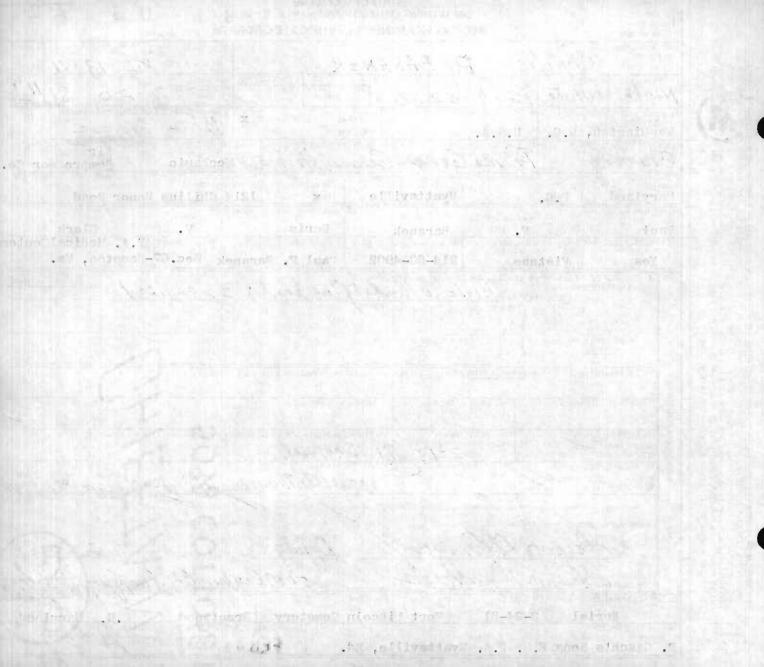
STATE OF MARYLAND





10	1.	FOR STATE				HEALTH	AND MENTAL H		0	5 5 7	2
		REGISTRAR		MEI	DICAL EXAMIN	HER'S	CERTIFICATE C	F DEATH	REG. NO.		
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	FC	IRTHPLACE (STATE OR DREIGN COUNTRY)	7	76 CITIZEN OF WH	IAT COUNTRY?	8. MARR	IED NEVER MARRI	IEU IXII III	1-000	COUNTY OF DEATH	177
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4	C	the voily		Fine	Gerges	une	cal Hospi	FOR MOST OF V	CUPATION (TYPE OF PORKING LIFE) anic	A 110R INDUST	TRY
AND 3	13a. S	at residence (IF) N NI STATE Aryland	13b. COUNT P.G.		Hyattsvil		13d. INSIDE CITY LIMITS? YES SC NO [	13e. STREET ADD	RESS illum Ma	nor Road	
9 27873	14. F.	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE		MIDDLE	LAST	
# 48 W	-	ul		F.	Baranek		Doris		V.	Clark	
MON TER	160. \ (Y	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166. SOCIAL SECURIT	Y NO.	17. INFORMANT			.A. Medical	
ALTH ALTH AAGE VISIO		Yes	Viet	nam	214-60-49	02	Paul F. B	aranek	Sec. 67-II	ampton, Va.	
51, 8 HOUR W AM. P		18 CAUSE OF DEAT PART I DEATH W	H (Enter only	one cause The line BY:	for (a), (b), and (c).)	15	76.6.	1. 5.	calibe	BETWEEN ONS	TE INTERVAL ET AND DEATH
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301 EX EX EX EX LONG		lying cause lost.		(c)							
		PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a).			
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITHING THE WORD "PENDING" RDED TO THE CHIEF MEDICA RE 3 SHOULD BE USED AS A BLE DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION	MEDICAL CERTIFICATION										
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VIII.	RTI	210 EXTERNAL CAU	SEWAS	21b. TIME OF	INTITION B	Tat. 10				YES 🗆	NO B
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AL HE ON THE ON		ACTUAL SIGNATURE	region	JA KIL	leguer	M	o Expuly	MEDICAL EX	AMINER	DATE SIGNED 2 -30	1-81
TO MEDICAL EXAMINER. EXECUTE THE CERTIFICATION EAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR. ATTER DEATH, WITH THE SHOULD BE ALTIMORE, MARYLAND, 2	_	EXAMINER'S NAME	1	100.	la como		0	A.	010	0 5	
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	23a.B	URIAL, CREMATION, R			23c. NAME OF CE			23d. LOCATION		COUNTY	TATE
BP	24. FI	Buria UNERAL DIRECTOR	1 2	2-24-81	Fort Lin	coln	Cemetery	Brentwe	OOD 125h REGISTE	P.G. Mary	land
DHMH - 17 (VR A15 ME (5)) 15M 7/77		NAME	ons F.	H. P.A.	Hyattsville	. Md	1	B 4 4 13	1 Thomas	733	7
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 1981 David Ca Barnes February 13. 9:05 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS SEX DAYS HOURS Male White Dec. 16, 1918 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED North Carolina U.S.A. Prince George's County DIVORCED A WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 175 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIF INDUSTRY C&P and Memorial Hospital Riverdale Installer Phone Co. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 130 COUNTY 132 CITY OR TOWN Hyattsville 13d. INSIDE CITY LIMITS? 2815 Nicholson Street P P.G. Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Barnes Edwards Braxton Sally ADDRESS329 Williams St. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes-Army 245-12-2970 Martinsburg, W. Va. Nancy L. Brannon So 18. CAUSE OF DEATH (Enter only one couse per line for (b), 16) and (c).
PART I. DEATH WAS CAUSED BY Notified IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse lost Examiner PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP sho 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 Medical HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on Jew 13
obove. (1) (wa) (did) (did not) view the body after/death. and that in (my) (and) appinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL Feb.14,1981 old be deta PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Hillside Mem. Cem. 2-17-81 Burial Laurinburg Scotland N.C. 24 FUNERAL DIRECTOR 25a. DATE REC'D. DHMH - 16 50M 7/77 F. Gasch's Sons F.H. P.A. A Hyattsville, Md. (VR A 15 (4))



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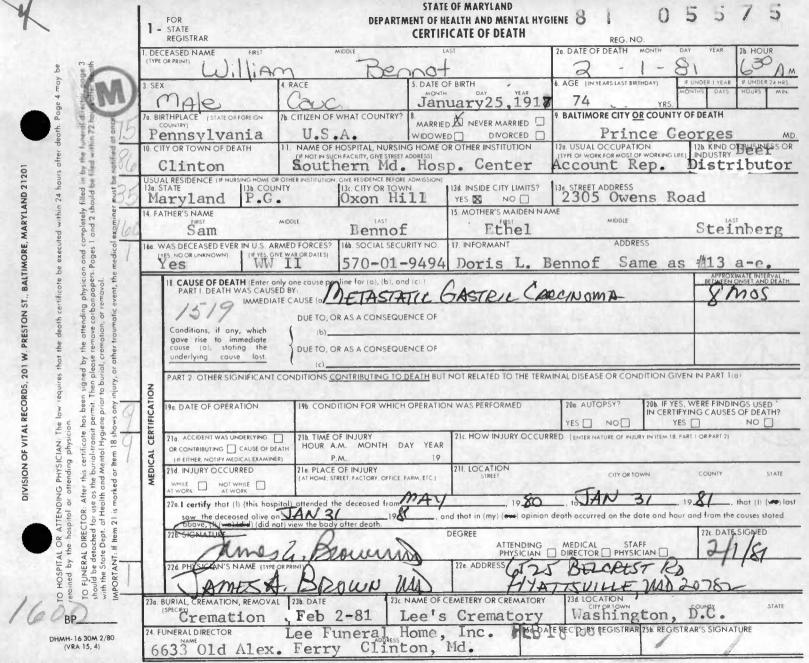
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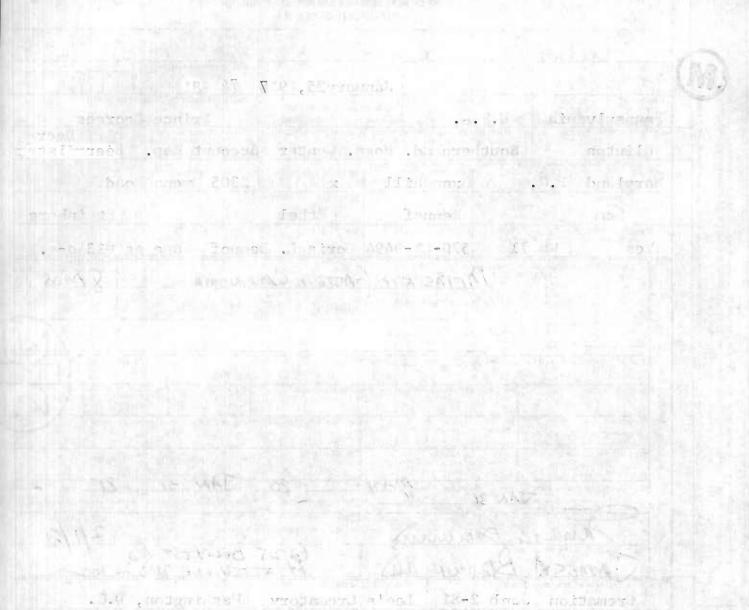
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	(TYPE OR PRINT)	ROSE	L	ILLIAN	B	ARNES	OF DEATH	ESTI-	1-5-108	
3	SEX 4 F	RACE	5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UN	DER 1 YR. IF UNDER 24 HR	S. 2c. DATE	711-0	ONTH DAY YEAR	2LHQUR
1	Temale Le	Unite	May 28,		RS. MONT	HS DAYS HOURS MIN.	PRONOUN	2 -	-7 1981	BW
70	BIRTHPLACE (STATE EOREIGN COUNTRY) Russia	OR	76. CITIZEN OF W		8. MARR	IED NEVER MARRIED		7	OUNTY OF DEATH	
10		DEATH	U,S.A.	SPITAL, NURSING HOW		VED DIVORCED L		nce (78		MD.
100	Checkely	DEATH	A MOT IN SUCHE	CILITY, GIVE STREET ADDIESS)	ener	D // 10 10	lousewi:	ON (TYPE OF W	OR INDUS Own II	TRY
	SUAL RESIDENCE OF III	NI COUNT	ROTHER INSTITUTION, G TY Ce Geo.	13c. CITY OR TOWN  Beltsvil		13d. INSIDE CITY LIMITS? 13e. S	TREET ADDRES	herry Hi		202
14	4 FATHER'S NAME FIRST Harry		MIDDLE	Katz LAST		15. MOTHER'S MAIDEN NA	ME	Dvo1	ronsky	
16	(YES NO, OR UNKNOWN	VER IN U.S. ARA	MED FORCES? WAR OR DATES)	215 10 357		Kenneth M. Ba	rnes	2201 40 Washing	ton D.C.	.W.
F	18 CAUSE OF D	EATH (Enter onl	y one cause per line	or (o), (b), and (c).)					APPROXIMA BETWEEN ONS	
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1	gave rise	to immediate	(b)	AS A CONSEQUENCE	OF					-
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		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ) o								
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	19a DATE OF OP	LIGHTON	178 CONDI	TION FOR WHICH OPE	KAHON W	AS PERFORMED!			20 AUTOPS	NO X
1	210 EXTERNAL C		21b. TIME O			OW INJURY OCCURRED (ENT	ER NATURE OF INJU	IRY IN ITEM 18 PART 1		NO EN
		OR CAUSE OF D		MONTH DAY YEAR		subject in a	tid ,	Lucy 5'		
1	214 INJURY OCC	CURRED	21e PLACE	OF INJURY (AT HOME,	211 10	CATION	CITY OR TOLE	100	COUNTY	7 54.2
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			e of the remains de	scribed obove, held an	Autop	Inspection	Inquiry	ond in	my opinion Mic	Ý
	death resulted f	from: Notur	ol couses .	Accident , S	vicide 🚩	. Homicide . Und	determined mo	nner .		
	ACTUAL /	Herens	TO X	Lune	/	TITLE (SPECIFY)		C	DATE 3 - 9-	- 51
1	SIGNATURE	- Comment	1/1	My X	N		EDICAL EXAM	INER S	SIGNED	
	EXAMINER'S NA	ME Augu	sto P. Re	odniguež M.	D.	ADDRESS Rayb	urn Cou	irt, Cam	p Springs	, Md.
2.	30. BURIAL, CREMATIO (SPECIFY) Burial		3b. DATE 2/10/81	23c NAME OF CE	Nat	Mem Park Cem	Laurel	P.(	GCOUNTY MC	TATE
1				al Home, P				256 REGISTR	AR'S SIGNATURE	7
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,	1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	GIENE Ö	REG. NO.	3 3	10
		CEASED NAME FIRS	T	MIDDLE		AST	20. DATE OF E		DAY YEAR	2b HOUR
11	{TYF	e or print) Mar	у	E.	BER			ry 24, 19	81	12:55 ₺
Aim	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
1)		Female		casian	Aug	15 1921 1	79	YRS.		HOURS MIN
1	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE	D NEVER MARRIED		9 BALTIMORE CITY OR COUNTY		
60		ew York	USA		WIDOWE			Prince George's Co		MD
e Cie		ITY OR TOWN OF DEATH	(IF NOT IN SI	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Clerk  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Clerk  Camera C			OF BUSINESS OR
87/		Linton		Southern Maryland Hospital			CTe	rk	Came	ra Co.
St.	130.	STATE 13b. C	OUNTY	13c CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	Star Rt#3 Oak Avenue			110
e c	-	aryland   Pr	ince Geo	LaPlat	a	YES NO A		Rt#3 Ua	k Aven	ue
1		FIRST	WIDDLE	Trimble				MIDDLE	Clark	ST
\$ (A)		Frank				Eliza				
medico			ES, GIVE WAR OR DATES)	16b SOCIAL SECU		17. INFORMANT N.				
at a	-	No				Mrs. Mary	Camaro	a 588 S		
nt, #		18. CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse pe AUSED BY:	er line for (a), (b) on	dich.	7- 100	0-		BETWEEN	ONSET AND DEATH
9			DIATE CAUSE (o)_	gade	owle	sound local	No.			
notic		1830	DUE TO, O		EGGE OF		4			
ragin	10	Conditions, if ony, which gove rise to immediate								
by the		couse (o), stoting the DUETO, OR AS A CONSEQUENCE COM								
or of	1	(a) me tabland board (and								
Jan. y.	Z	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	DR CONDITION GI	VEN IN PART 110	D ,
16	CERTIFICATION	14s. DATE OF OPERATION	19b. COND	19L CONDITION FOR WHICH OPERATION WAS PERFORMED						NGS USED
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10	18	21a. ACCIDENT WAS UNDERLYIN		OF INJURY	S. Seve	THE HOW INJURY OCCU	RRED (ENTERHALL	E OF PHILIPP PHILIPP. III.	PART I DRIPART 25	
14	1	OR CONTRIBUTING CAUSE OF	A WHAT TO STATE OF	M. MONTH D	AT TEAR					
8	MEDICAL	216. INJURY OCCURRED	21e. PLACE	OF INJURY	2.0	THE LOCATION		OF TOWN	COUNTY	STATE
2	×	WHILE OF STANKER C	1 LAT HOME S	HEET EACTORS, OFFICE.	FARM, ETC.).	1000		A	1	STATE
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2		saw the decaysed ali-	000 Z1	3 4	. 01	nd that in (my) ( ution nio	n death accurred	on the date and ha	or and from the	covves stated
£		obove, (Limit did 3 228. SIGNATURE	d ngt hew the bod	y offer death.		DEGREE			22s DAFE	SIGNED.
-		ATTENDING MEDICAL STAFF 2 10 (9)								4/5)
Ž-	1	224. PHYSICIAN'S NAME I	TYPE CHEMINE)			PHYSICIAN 22# ADDRESS	DOWECTORL	PRITSICIAN []	16	w
ORT		Doverid Hodd	ale M D			10.0	00 1	lan		
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	230.	(SPECIFY)				sland Nat'	CITY OR	lawn, Si	COUNTY	STATE
	24. F	Burial UNERAL DIRECTOR	Iren.z	, or mo	ing Is	o tallu Nat 1		ISTRAR 256 REGIS	uffolk,	
2/80		earson's F	morel T	ADDRESS ADDRESS	irgin	Thursh FFR	9 7 1001	Pin	A. D	
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	10	REGISTRAR	MI	EDICAL EXA	MINER'S	CERTIFICATE	OF DEATH	REG. NO.				
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の報告を	FC	REIGN COUNTRY)	USA			HED NEVER MARK	RIED 🔲	unce Go	nas			
LAY IS NECESSARY, O THE FLINER PAGE 5 FOY RESELLED.		SSISSIPPI W OR TOWN OF DEATH		SPITAL NUPSING	WIDOV		1.7	UPATION (TYPE OF WO	ORK 12b. KIND OF	MD.		
V VS EGET Y	<	1/. /	NOT IN SUCH	SPITAL, NURSING I	76	TER INSTITUTION	FOR MOST OF W	FOR MOST OF WORKING LIFE) OR INDUSTRY				
DELAY N PAG N PAG	0	uitland	361)	For Other Institution, Give residence before admission								
ANY I ANY I RETAIL	13a. S	TATE 113b CC	YTHUC	Y 13c CITY OR TOWN 13d INSIDE (1)Y LIMITS? 13e. STREET ADDRESS								
C CRERAT 2	Mai	ryland P	George	Suitlar	nd	YES NO   2615 Brooks Drive			9			
A 3, 2, 2, 2, 2, 2, 3, 3, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	14. F/	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID Susan	DEN NAME	MIDDLE	LAST			
OOK PER E		Robert	T.	Best		Susan		Milbert				
N N N N N N N N N N N N N N N N N N N	16a V	AS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMANT	Son	134PPESArci	ric Avenu	10		
BALTIMORE. S. AFTER DEA: GIVE PAGES TITH FORM P TITH FORM P WISION OFW.	('	ES, NO. OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	220 44 0	203	David E.	Best	Rockville				
P. P. G. S. DIV		18 CAUSE OF DEATH (Ente	r only one couse per lin	e for (a) (b) and (c	11				APPROXIM	ATE INTERVAL		
S W JE ST		PART I DEATH WAS CA	USED BY:	tenon	Suri	tu cons	les mores	las de	BETWEEN ON	SET AND DEATH		
VA PROPERTY	3	4293 MME	DIATE CAUSE (6)	R AS A CONSEQUE				1 46-				
PRESTON THIN 24 F CIL IN ITEM LER ALON ANSIT PER AL HYGIEN REMOVAL		Canditions, if any, w	hich									
NCI WIT		gove rise to immed couse (a) stating the un		R AS A CONSEQUE	NCE OF							
OTED IN PERSON, O'S WE'S		lying couse lost.	DOE 10, 0	K AS A CONSEQUE	NCE OF							
S.2		BARY & GYNER CHONESCANIS CONDU	(c)									
LECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO T  EF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PA  EF MEDICAL TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE F  HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 2  AL, CREMATION, OR REMOVAL.	z	PART 2 OTNER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEAL	H BUT NOT RELATED TO TH	E TERMINAL OISEAS	E OR CONDITION GIVEN IN P.	ART 1 o					
A A SEALT	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?										
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1348E	~	WHILE NOT WHILE AT WORK					Citoki		COUNT	JIAIL		
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AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		death resulted from:	ionor cooses [	Accident [_],	Suicide L_		Undetermined r	nonner,				
W. Y. STORY		ACTUAL THE	Justo KS	Lugu	9/	TITLE (SPECIFY)		DA	TE . 7 -8	-81		
<b>2</b>		SIGNATURE	1	11	8-1	Deputy	MEDICAL EXA	MINER SIC	SNED			
W C C C C C C C C C C C C C C C C C C C	di	EXAMINER'S NAME AU	gusto P. R	odrieuez	M.D.	5009 B	Rayburn Co	ourt, Camp	Springs	Md.		
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	20	(TIPE OR PRINT)				ADDRESS			- h-71100	,		
A HINGHAR	730.8	URIAL, CREMATION, REMOV	The second second			OR CREMATORY	Suitlan		COUNTY	STATE		
BP	04.5	Burial	Feb 11,1			Cemetery				d.		
DHMH - 17	74. 6	NERAL DIRECTPOBERT	E. Wilhelt	Funeral Suitland	Home I			AR 25b. REGISTRAR	'S SIGNATURE			
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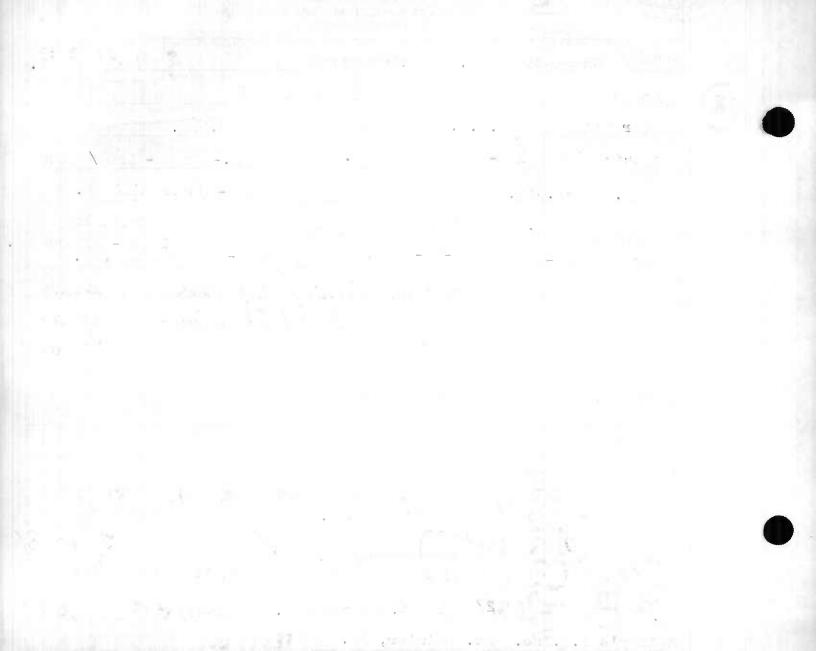
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	1	FOR 1 - STATE REGISTRAR	DEPARTN	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 5 5	7 9	
e p	deoth	1. DECEASED NAME FIRST (TYPE OR PRINT) ELIZA	WIDDLE	BLACK	2a. DATE OF DEATH MON	2-12-81	26. HOUR 5:35PM.	
моу	pog r de	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY		IF UNDER 24 HRS	
- ge 4	(An)	Female	Black	Apr. 27. 1905	75	YRS.	HOURS MIN.	
eoth. Po		70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) S.C.	76. CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEOR		MD.	
01 s offer d	by the fulled with	CHEVERLY	11. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
ND 212	must be	USUAL RESIDENCE (IF NUBLING HONO) 130. STATE Maryland	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN	ADMISSION) N 13d INSIDE CITY LIMITS? YES NO	1002 Cypres	ss Tree P	lace	
RYLA	2 sh	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST		
, MA	l ond	unknown	ouro roperso Ivu sociu scom	Sallie No	orris			
SALTIMORE ED	S. Poges e medico	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)		6 Gondar™Ave arlena Gardr		ter	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  MEDICAL EXAMINER NOTIFIED  ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offending physician.	After this certificate hos been signed by the ottending phy es at the buriol-transit permit. Then please remove corbonacy oith and Mental Hygiene prior to buriol, cremation, or remomanked or Item 18 shows ony injury, or other traumatic even	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  2 - 10 - 81  71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION COURRED  WHILE NOTIFY MEDICAL EXAMINE ON UNDERLYING ON COURRED  WHILE NOTIFY MEDICAL EXAMINE ON UNDERLYING ON COURRED  WHILE NOTIFY OCCURRED	DUE TO, OR AS A CONSEQUE  (b) CREATE AC  DUE TO, OR AS A CONSEQUE  (c) CONDITIONS CONTRIBUTING TO D  19b. CONDITION FOR WHICH  CONTRIBUTION FOR WHICH  TO T	NCE OF  STORIC CL  NCE OF  BEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  TO MALL L  Y YEAR  19  211. LOCATION	20g AUTOPSY? 20b	b. IF YES, WERE FINDIN CERTIFYING CAUSES YES	IGS USED	
TO HOSPITAL OR ATTENDI	TO FUNERAL DIRECTOR, After should be detected for use os with the Stote Dept. of Heolih G. W. The Stote Dept. of Heolih G. M. M.	270. I certify that (I (this hasp sow the deceased alive of obove, (I) (we) (did) (did not one) (ii) (did not one) (iii) (iii) (did not one) (iii) (ii	or dail	( TOTAL THE DAT	MEDICAL STAFF DIRECTOR PHYSICIAN  1734. LOCATION CITY OR TOWN  PRICE REC'D. BY REGISTRAR 755. 1	Industry  Landover	signed  State  Maryla	
DHMH-1		Burial 24 FUNERAL DIRECTOR	Feb. 17. 198	-	orial Park TE REC'D. BY REGISTRAR 256.	Landover		

STATE OF MARYLAND

FOR



STATE OF MARYLAND Medical Examiner DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FOR Notified Released - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO to PMD 20 DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) .981 February Curtis Austin B<sub>1</sub>v 4 RACE 5. DATE OF BIRTH 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Nov. 4,1907 YEAR DAYS HOURS Male White TO BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA WIDOWED DIVORCED [ Prince George County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Greater Laurel Beltsville Hospital [TYPE OF WORK FOR MOST OF WORKING LIFE] NDUSTRY life Laurel agent insurance BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE 13 13a. STATMd 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 8087 Washington Blvd Howard KRUKEX Jessup 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Jesse FIRSTVernon MIDDLE MIDOLE LAST Blv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579 03 0020 Raymond J. Bly same as above APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b). PART I. DEATH WAS CAUSED BY ARDIOR ESPITATOR DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Schere Charic Oschaelne Airmer Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 100050 Coronary Mer PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [ ] CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from 10 n saw the deceased alive on 1981 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN TO DIRECTOR PHYSICIAN should be det with the State 22e ADDRESS 1420 Correl fook Drive Correlled 20810 Suitelle MIRZA HUSENIA ALI DAIS 23c NAME OF CEMETERY OR CREMATORY -230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION SPECIFEBUTIAL COUNTY STATE Cedar Hill Cemy Feb. 10.1981 BP. Suitland, Md 24: FONERAL DIRECTO 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4))

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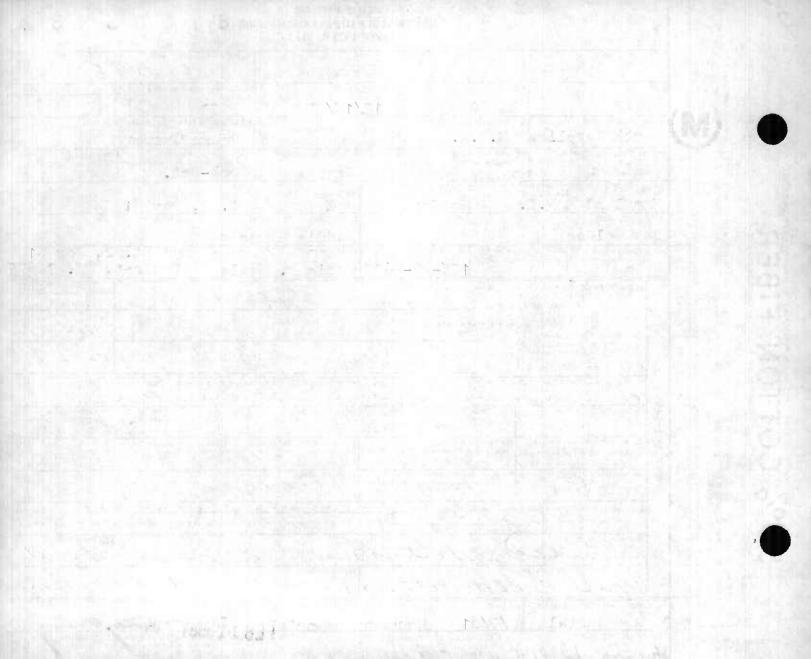
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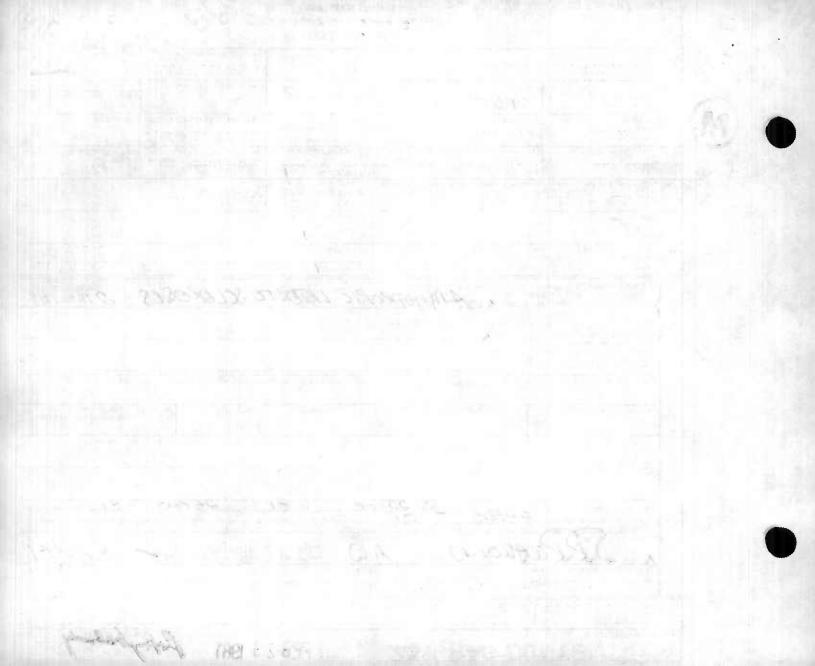
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME KNOWNX (TYPE OR PRINT) 2a. DATE MONTH ESTI-19 81 2-25 Corneluis DEATH MATED Booth IF UNDER ) YR. 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE MONTH 247 1040 LAST BIRTHDAY PRONOUNCED male black 1949 Oct. 26 31 YRS DEAD To. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY! MARRIED NEVER MARRIED Maryland USA WIDOWED [ DIVORCED Prince George's County II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Cheverly Prince George's Co. Hospital Labor USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE Calvert 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Owings Box 93 YES NO K 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME AND MIDGLE MIDDLE LAST Alfred MEDICAL EXAMINER ALONG WITH FORM AS A BURIAL-TRANSIT PERMIT. PAGES 1 AI SALTH AND MENTAL HYGIENE, DIVISION OF CREMATION, OR REMOVAL. Booth Louise Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR GATES 18. GIVE 214-48-6406 no Alfred Booth Box 93. Owings, Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Cunshot wound of abdomen DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) SED AS A SY HEALTH CERTIFICATION 19a. DATE OF OPERATION 20 AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? BURIAL, YES X] NO T WARDED TO THE CH PAGE 3 SHOULD BE L STATE DEPARTMENT C 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 0 UNDERLYING TO OR subject shot during altercation MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Burrus Club Calvert Co., Maryland 21201 WHILE AT WORK AT WORK XX 22a I certify that I took charge of the remains described above, held on Inspection and in my apinian MARYLAND, TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE FI
TO FUNERAL DIRECTO
AFTER DEATH, WITH TH
BALTIMORE, MARYLAN HomicideXX Undetermined manner death resulted from: TITLE (SPECIFY) ACTUAL DATE SIGNED 2-26-81 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) \_ Margarita\_ 23d LOCATION STATE Burial Mt. Hope Chr. Cem. Sunderland Calvert Md. Mar. 03-81 BP. 256 REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR DHMH-17 Box 31, Prince Frederick, (VR A15 ME (5) Spencer E. Sewell 15M 2/80

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244-44-5405 Alfred Booth Box 93, Okings, Mi.

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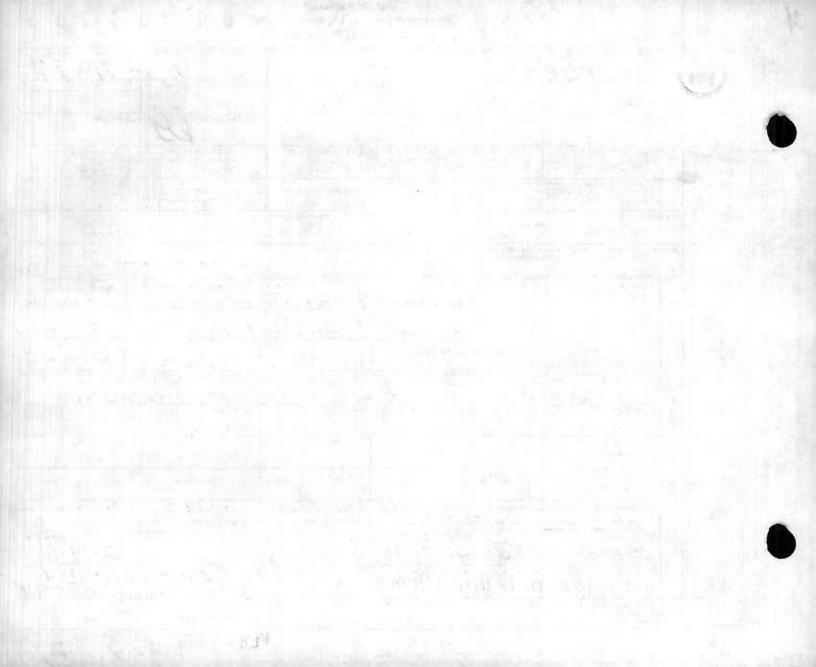
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



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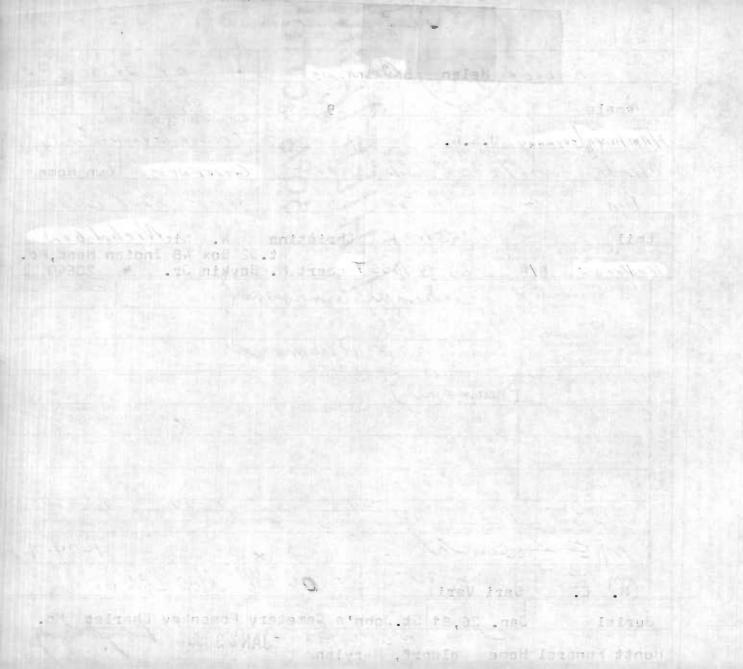
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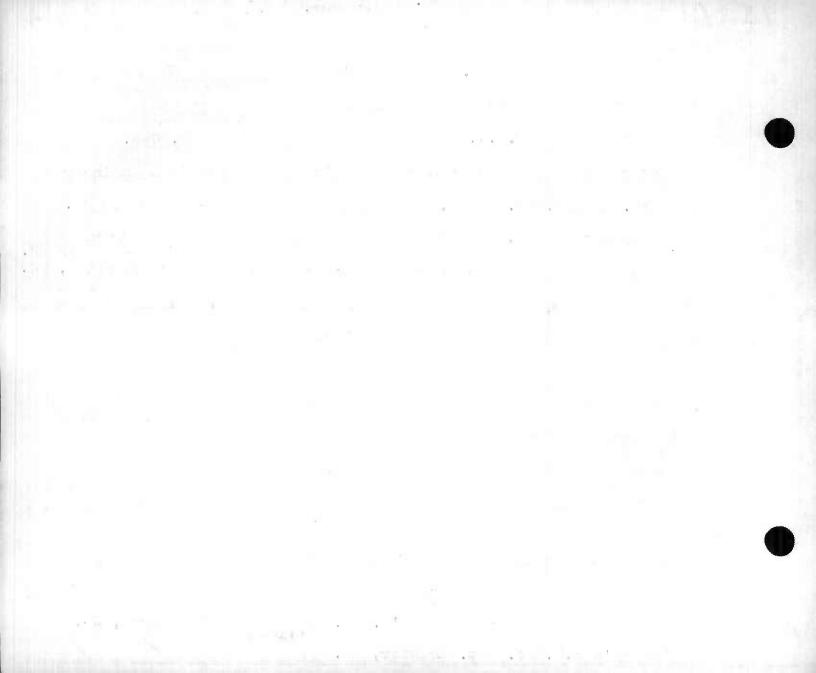
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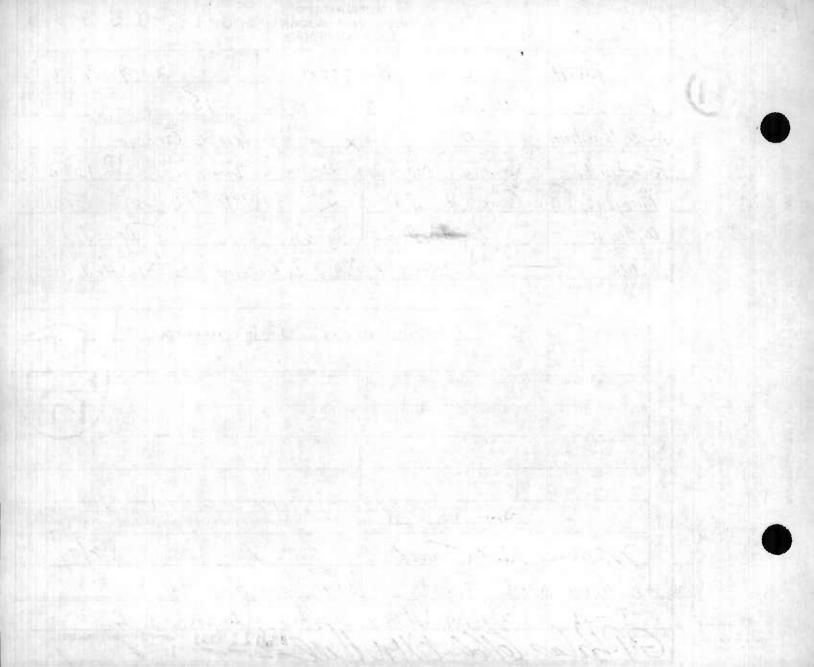
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	SPITAL OR A SEAL DIRECT PROPERTY OF A STATE DEPT.		22b. SIGNATURE	Hent Du	nt		MEDICAL STA	FF CIAN	22c. DATE/S	IGNED
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APPROXIMATE INTERVAL to and custases to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [ NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED MDTE Burial Narch Ferma Direc'D. By REGISTRAR 256. REGISTRAR'S SIGNATURE Alexander DHMH - 16 50M 7/77 Home, Inc. Clinton, Maryland (VRA 15 Tee

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

26 HOUR

126 KIND OF BUSINESS OR

DAYS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

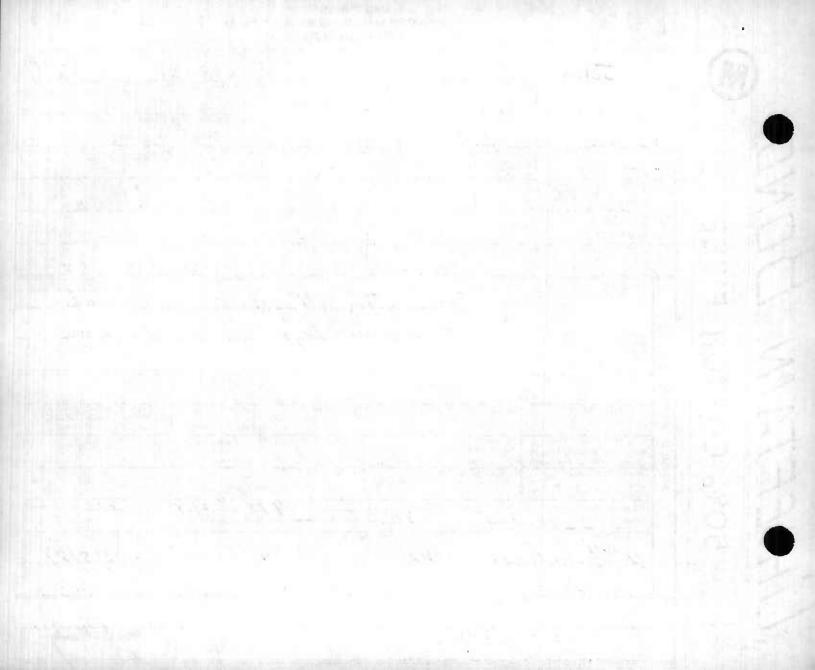
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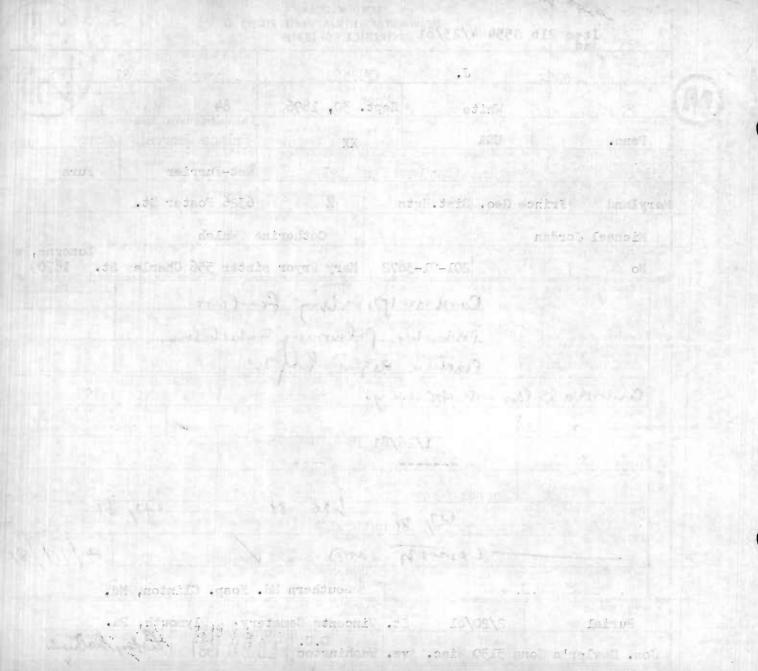
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN DO MONTH TTYPE OR PRINTI ESTI-DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! IRELAND WIDOWEDX DIVORCED 10. CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY HYATTSVILLE 42ND AVENUE CASHIER GARFINKELS 5805 130. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS PRINCE GEORGES 5805 42ND AVENUE NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST THOMAS MALONE UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 903 DANA DRIVE DAUGHTER FLAHERTY ADELPHI. MARYLAND IB CAUSE OF DEATH (Enter only one cause per lipt far (a), (b), and (c). USED AS A BURIAL - INGING:
OF HEALTH AND MENTAL HYGIENE,
OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY andes Vaseuler IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION ANTING THE WORK
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e execut ond co Pages 1		VAS DECEASED EVER IN U YES, NO OR UNKNOWN] (IF Y	.S. ARMED FORCES? (ES, GIVE WAR OR DATES)	201-01	SECURITY NO. -3872	Mary Pryor s	ADDRE ister 556 C			zerne,Pa 18709	
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00000	23a.	BURIAL, CREMATION, REM			23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	C	OUNTY	STATE	
BP		Burial	2/2	0/81	St. Vi	ncents Cemete	ery Plymo	outh, P	a.		
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR	Sone 513	AODRES	ATO. We	D.C. 135 DAI	E REC'D. BY REGISTRAR	25b A GISTR	, Seels	URE	



		EASED NAME	FIRST		MIDDLE	LA	sť	20. DATE KNOWN		DAY YEAR 26	b. HO
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86	3. SEX	4	RACE	5. DATE OF BIRTH	YEAR 6. AGE (IN YE.	ARS IF UND	DAYS HOURS	MIN. PRONOUNCED	MONTH	DAY YEAR 2	6 HO
ŀ		THPLACE (STA	negro	Dec. 22.	1938 42 Y	RS.		DEAD	2	21 ,, 81	p
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	USUA 13a. ST	L RESIDENCE (#	IN NURSING HOME O	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSIN	ON)				011200101	Су
		ryland			Palmer Par	ck "	d. Inside City Limits?	7638 Allenda	ale Ci	rcle	
Ī	14. FA	THER'S NAME	<u></u>	WIDDIE	LAST	1	MOTHER'S MAID	EN NAME MIDDLE		LAST	
1			D. Carr					y C. Williams			
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l		18 CAUSE OF PART I DE A			for (a), (b), ond (c).)	1 7. 1				APPROXIMATE INT	IERVAL
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I	Z			(c)CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL OISEASE O	R CONDITION GIVEN IN PA	RT 1 (a).			
	ATION		IIFICANT CONDITIONS					RT 1 (a).		70 AUTOPSY2	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN MIDDLE I. DECEASED NAME LTYPE OR PRINTS ESTI-Linwood DEATH MATED Carson 19 IF UNDER 1 Y 3 SEX 4 RACE & AGE (IN YEARS IF LINDER 24 HRS DATE 24 HOUR LAST BIRTHDAY PRONOUNCED 3:25 Male 4.1949 Black 1981 30yrs DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. D.C. DIVORCED WIDOWED Prince George's County OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION ITYPE OF WORK 126 KIND O ID CITY OR TOWN OF DEATH Unemployed None Prince George's General Hospital Cheverly USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Cedar Hgts. |136. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | NO | 815 Balsamtree Dr. 3e STATE P.G. Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST Cleo Ruth Thomas Carson 7. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO IYES, NO. OR UNKNOWN) 220-50-8013 Sylvester Thomas-703 58th Ave. No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Shotgun Wound of Abdomen DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HIS YES SE NO [ 21g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 216 TIME OF INILIRY FORWARDED TO THE OR: PAGE 3 SHOULD HOUR MONTH DAY YEAR UNDERLYING TO 2:10 M 19 81 Subject shot CONTRIBUTING CAUSE OF DEATH 71F. LOCATION 815 Bal-21e PLACE OF INJURY 714 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE NOT WHILE TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 sam Tree Dr., Cedar Heights home Md. Autopsy Inspection 22a Licertify that I took charge of the remains described above, held on Inquiry Homicide X Undetermined monner death resulted from: Notural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNATURE Virginia L. Dolan, M.D. 111 Penn Street 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE TK H1chband Park Md

175 PATE REC'D. BY REGISTRAR 1756 REGISTRAPS SECRATURE

LB 10 1301 STATE Burial 2-10-81 Harmony Mem. Park 24 FUNERAL DIRECTOR **DHMH - 17** H.S. WASHINGTON + SONS 4925 BURREWERS ANE. N. E. (VR A15 ME (5) 15M 2/80

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	1 DECEASED		WIDDLE	LAST	2a. DATE OF	DEATH MONTH	and the second second	HOUR
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mo)	3. SEX		ACE	5 DATE OF BIRTH	6. AGE (IN YE	ARS LAST BIRTHDAY)		UNOER 24 HRS
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ih. Po	7a. BIRTHPLA	ACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	MARRIED NEVER MAR	RRIED 9 BALTIMO	RE CITY OR COUNTY	OF DEATH	
5 54	1	ansas	U.S. 1	WIDOWED DIVOR	RCED 🗌	Trine		190/1 MD.
oy the filed with	10 CITY OR	WN OF DEATH	NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITU	TION 12a. USUAL C	OCCUPATION FOR MOST OF WORKING LI	126. KIND OF B	WSINESS OR
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ND 212 24 hour filled in build be f	13a STATE	DENCE (IF NURSING HOME OR OTH	ER INSTITUTION, GIVE RESIDENCE	DOWN 138. INSIDE CITY	LIMITS? 13e. STREET	1	-,01%	2
IAND in 24 lined should	110	7.	(7. Kr	erdalo YES NOTHER'S M.		550H S	1- Ch	۷.
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on and and and and and and and and and an	(YES, NO C	OR UNKNOWN) (IF YES, GIVE WAR		C4 4 1/2				
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RDS,	NO NO			N. A.				
ow cow cow cow cow cow cow cow cow cow c	CERTIFICATION 19a DA	ATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORM	ED 20a AUTO	PSY? 20b. IF YE	S, WERE FINDING	S USED F DEATH?
VITAL RE (N.) The le hysicion. Incate hos rousit per Hygiene 18 shows	# L	N. A.		N.A.	YES 🗌	NO YE	s 🗌	№ □
	ORCO	CCIDENT WAS UNDERLYING THE	21b. TIME OF INJURY HOUR A.M. MONTE	DAY YEAR 21c HOW INJUR	RY OCCURRED (ENTER NA	JURE OF INJURY IN ITEM 18, F	PART 1 OR PART 2)	
NOF	(IF EIT	HER, NOTIFY MEDICAL EXAMINER)	P.M.	19	/ Y.	11.	CHARLE.	
PHY PHY ending this he bu	WEDICAL STATES	NOT WHILE	21e. PLACE OF INJURY	FFICE JARM, ETC.) 211. LOCATION STREET	NA.	CITY OR TOWN	COUNTY	STATE
DIV N O The other of the other	AT WO	RK AT WORK		1 / 10	- C: /	///	6/	
TEND Ital of the		certify that (I) (this haspital) as the deceased plive on	offended the deceased	311	r) opinion death occurre	d on the date and hou		ot (I) (we) lost
A PAT	0	bove, (I) (we) (did) (did not) vi	ew the body ofter death.	DEGREE			72L DATE SK	-
1 + 1 + 61		Ddil 7	mpl		ENDING MEDICAL	STAFF	2/	5/81
by by Stole de de	22d. PI	HYSICIAN'S NAME ITYPE OR PRI	NT)	22e ADDRESS	SICIAN LE DIRECTOR	PHISICIAN	1	701
	6	INFL N.	MIKHAL	1 M.D. 3456	Ft. Mde	, Rd. La	artel, o	79.
of of of start divinity	23g. BURIAL	CREMATION, REMOVAL 2	3b. DATE	23c. NAME OF CEMETERY OR CRE	MATORY 23d LOCA	TION		
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DHMH - 16 50M 7/77	24 FUNERA	LDIRECTOR	ADD	DAL'S PANADONIC DE		EGISTRAR 251 PEC IS		Edy
(VR A 15 (4))	NAMI	Nouis !	Sent	LANDAM Mel.	1 FOR	100		/

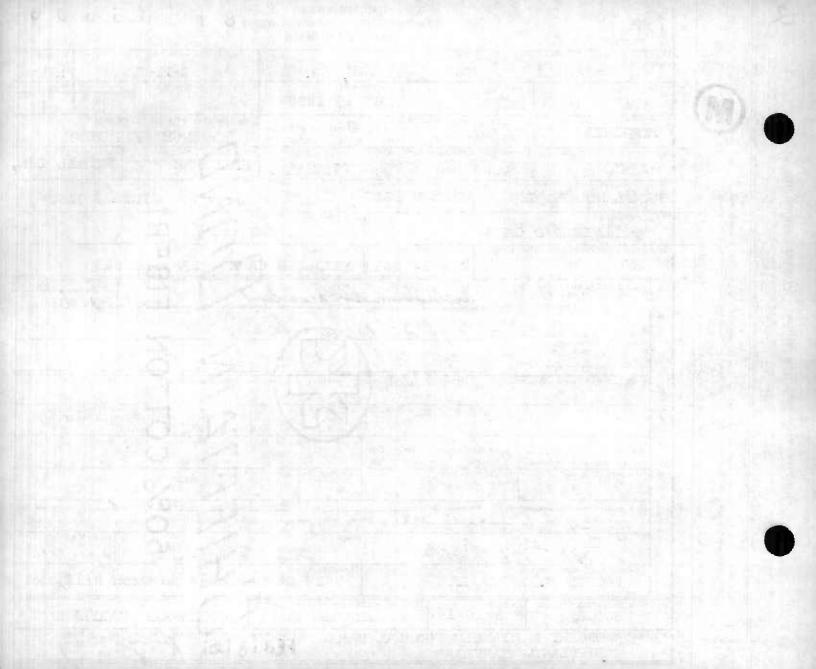
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	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYG	GIENE 8	REG. N	0	5 6	0	6
		CEASED NAME OR PRINT) ARNOI	FIRST LD		B.	CA	VE, SR.		20 DATE O		12-81	DAY YEAR	7:30	
	3. SE	MALE		A RACE WHITE	100	S. DATE O	15 DAY 18	9 🕉	6. AGE (IN	YEARS LAST BIR		MONTHS DAYS		R 24 HRS MIN.
3	V	RIMPLACE (STATE OR FO TRGINIA		USA		WIDOWE		ORCED [		Commence of the last	_	'S COU	NTY	MD.
6	(	CLINTON,		SOUTH		AND H	OSPITAL			OCCUPATI ESMAN	ION OF WORKING LIF		OF BUSIN	IND,
5	<sup>13</sup> M <sup>2</sup>		PROUG		MARLOW		YES [] N	10 🗌		7 <sup>dd</sup> 55	BARN	ABAS	ROAI	)
d	14 FA	BELLFIE	LD D	CAVE	LAST		15. MOTHER'S A		ME YFIEL	D MIDDLE		t.	AST	
1		VAS DECEASED EVER ( (ES NO RUNKNOWN)		MED FORCES? WAR OR DATES)	218 14	0622	ARNOL		CAVE	SAM	IE AS	#13	ř.	
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1	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORM	MED	20a AUT	OPSY?	IN CERTIF	, WERE FIND YING CAUSE S		TH?
1	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE AT WORK AT WORK	AUSE OF DEAT AL EXAMINER)	P./ 21e. PLACE (	M. MONTH DA	19	21c. HOW INJU 21L LOCATION STREET			-	RY IN ITEM 18 P.			STATE
		220 I certify that (1) sow the decease above, (1) (wested 22b. SIGNATURE	(this hospited alive an	2	/12 19			ENDING _	death occurred	STAI	FF		that (1) e couses si	toted
		22d. PHYSICIAN'S NA ROBERT		NEDZBA	ALA		22e ADDRESS 5620					on Hi	11,	Md
	23a. 8	BURIAL, CREMATION, ISPECIFY BURIAL	REMOVAL	FEB 1	6 1980	FT L	METERY OR CR	CEM	23d. LOC BR	ATION ENTW	OOD	MÄRYI	AND	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIREROBERT E WILHELM FUNERAL HOME SUITLAND MARYLAND

23d. LOCATION
BRENTWOOD MARYLAND STATE 250 DATE REC'D. BY REGISTRAR 350 REGISTRAR'S SIGNATURE



the ottending physicion and completely filled in by the funeral direct remove carbonpopers. Pages 1 and 2 should be filled within 72 hours

injury, or other troumotic event, the

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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I	- STATE REGISTRAR			DEI ANTA	CERTIF	ICATE OF DEATH	REG. N	10.				
	DECEASED NAME	FIRST		JJIAN	CHAN	AST NEY	20. DATE OF DEATH	02	18	YEAR 81	26 HOUR 10:35	P
	SEX FEMALE		4. RACE WHITE		S. DATE C	17, DA 1896 YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTH	DER I YEAR	IF UNDER 24 H	RS IN.
	O. BIRTHPLACE (STATE ORE	OREIGN	U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	PRINCE GE					MD
1	CHEVERLY		(IF NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS)	RAL HOSPITAL	OSUAL OCCUPATION OF HOUSEWIFE		LIFE]	ID KIND O	F BUSINESS	OR
1	JSUAL RESIDENCE (IF NURS 130. STATE MARYLAND	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW CHEVERL	N	13d. INSIDE CITY LIMITS?	3422 CHEV	ERLY	AVE	NUE		
1	JAMES	THÓ	MAS	scorr		MARY FIRST	CLARA MIDDLE		WEN	K LAS	1	
16	WAS DECEASED EVER		MED FORCES? E WAR OR DATES)	213 74 0		Deborah A. Ro	260 obinson	Bigma Har			tended arylan	d
	2829 Conditions, if ony,	'AS CAUSEI IMMEDIAT	Ó BY: E CAUSE (o)	R AS A CONSEQUE	7-	PAILVIUS				BETWEEN	MATE INTERVAL DNSET AND DEA WMYS	TH W
	gove rise to imm couse (o), statin underlying couse	mediote ig the	DUE TO, O	R AS A CONSEQUE		ic mur	nin			6	mont	hs
		NIFICANT C	onditions <u>co</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COM	IDITION G	IVEN I	V PART 10	01	
	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO X	IN CERT			OF DEATH?	
		CAUSE OF DEA	14		YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM 18	B PART 1	OR PART 2]		
	(IF EITHER NOTIFY MEDIN  21d. INJURY OCCURF  WHILE NOT WHAT WORK AT WORK	HE 🗍	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET	CITY OR T	OWN		COUNTY	STATE	
	220.1 certify that (I)	,	400 m 1		0/8	nd that in (my) (our) apinion d	enth occurred on the	late and hi			that (I) (we)	

obove, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE

DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME ITYPE OF PRINT

22e ADDRESS

230. BURIAL, CREMATION, REMOVAL Burial

23b DATE 2/21/81

231. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery 23d LOCATION
CITY OF TOWN
Brentwood

P.G.

Md.

P.A. Hyattsville, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been

the burial-transit permit ond Mental Hygiene prior

should be detoched for with the State Dept. of H

IMPORTANT: If Item 21 is marked or Item 18 shows any

YTHING STRUCK SUITE on being and in the control of mornische | Lationacia Mark Sensitul Hydronyo . I has crewest grade all splanning all Shine (a tradit a Sme Suback) lossed in 

24 FUNERAL DIRECTE LINS FUNERAL HOBBESS, INC.

4339 HUNT PLACE, N F

DHMH-16 25M

(VRA 15, 4) 1/79

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

DAY

1981

IF UNDER 1 YEAR

INDUSTRY

Lanham Md 20801

2h HOUR

12h KIND OF BUSINESS OR

N/A

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

STATE

YES T

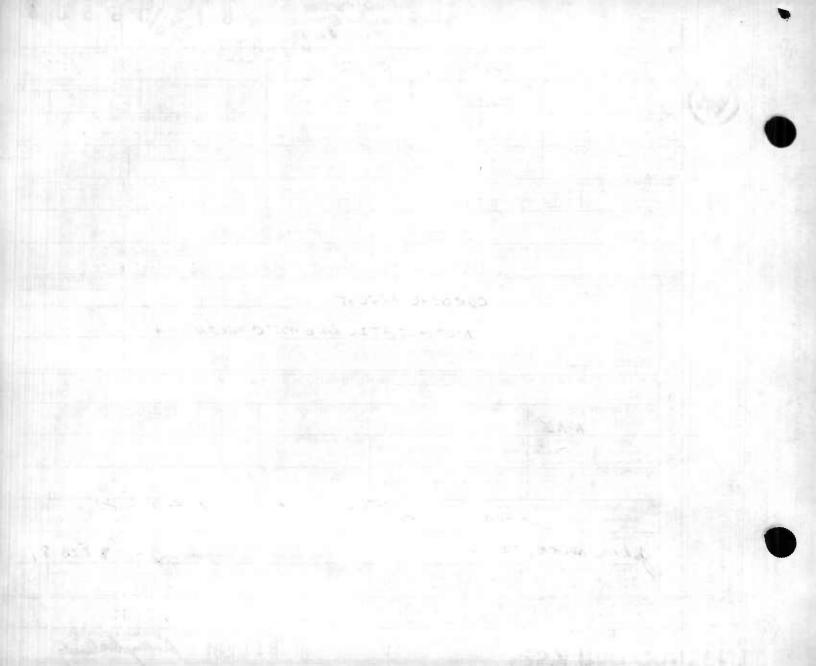
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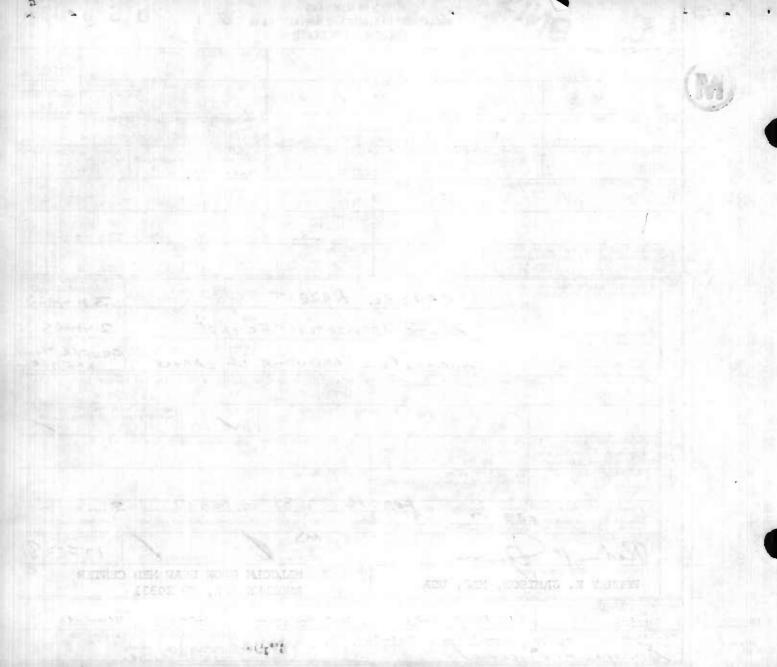
COUNTY

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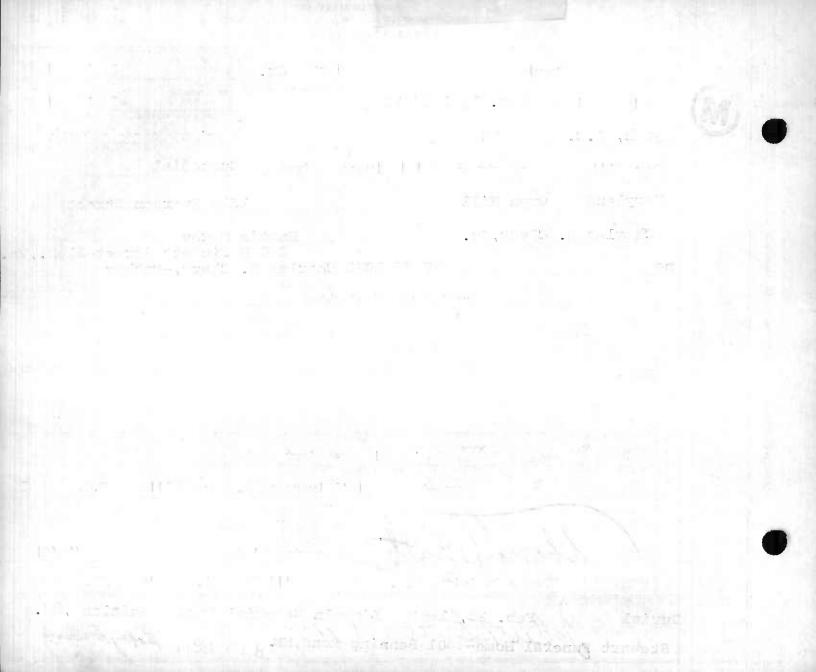
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IF UNDER 24 HRS





	B	1-	FOR STATE REGISTRAR			ST DEPARTMENT OF DICAL EXAMI	F HEALTH			-	O REG. NO.	5	6	1	0
			CEASED NAM	E FIRST		MIDDLE		LAST		20. DATE K	NOWN [X]	MONTH	DAY	YEAR	2b. HOUR
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	EET.	3. SE	Х	4. RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER I YR. IF	UNDER 24 HR			MONTH	ĎAY		2d HOUR
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	AND 3 TO RETAIN FROM BE RECORDS	130. S		(IF IN NURSING HOME O	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMIS	SSION)	13d. INSIDE CITY L	IMITS? 13e. S	TREET ADDRES		-			
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	A STANTAN	160.	WAS DECEASED	DEVER IN U.S. AR	MED FORCES?	16b SOCIAL SECUR	ITY NO.	17. INFORMAN	attle	McCoy Picke	ADDRESS.	- 100		-	
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PERCUTE THE CRIFT OF A SHOULD BE FORWARDED TO THE CHIEF A TOF FUNKEAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BUILALLY.		1000	That I took charg	rol courses D	Accident	Autops uicide	Homicide	IFY)	Inquiry (determined monest	ner .	DATE		3/8	
	MEDIC ECUTE 1 (GE 4 S (GE 4 S TER DE	1	EXAMINER'S (TYPE OR PRI	NAME The	omas D. Sr	mith, M.D.		ADDRESS	III Pen	n St.	Balto	o., N	1D.		
170	PP	Bu	SURIAL, CREMA SPECIFY rial	(V)	Feb. 20	1981	Line	oln, Me	moria	10cation 1 Park			and	, Mc	TE.
	DHMH-17 (VR A15 ME (5))	1	tewart	1100	Home-	4001 Ben	ning	toad, I	DATE REC'D.	BY REGISTRAR	25b RE	My	At St.	wdy	
	15M2/80	-										-			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) PHYLLIS ANN ,.81 CLARK DEATH MATED 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS YEAR 2 DOLE IF UNDER 1 YR. IF UNDER 24 HRS DATE AST BIRTHDAY PRONOUNCED Female Black 81 DEAD 7a BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? **9. BALTIMORE CITY OR COUNTY OF DEATH** MARRIED I VEVER MARRIED X ACOVILLE Prince George's DIVORCED PM 3. RETAIN PAGE ND 2 SHOULD BE FILED VITAL RECORDS, 201 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Prince George's Co. Hospital Cheverly 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME AND LASI MAGAINE DIVISION OF 17 INFORMANT 16h SOCIAL SECURITY NO BOX 21 LOGANW, VO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURRL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Strangulation IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDICAL CERTIFICATION E DEPARTMENT OF HEAD 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? CATE, WRITING THE WORL
FORWARDED TO THE CH YES XX NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY UNDERLYING subject strangled CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED (AT HOME. TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC 1 CITY OR TOWN Suitland, Maryland NOT WHILE AT WORK home Hudson Avenue 22a I certify that I took charge of the remains described above, held on Inspection Inquiry and in my apinian death resulted fram: Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Assistant DATE 2=26-81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION UA STATE GUDBY. BURY AL 24 FUNERAL DIRECTOR BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 250. DATE REC'D. **DHMH-17** NAME ADDRESS 2241 (VR A15 ME (5)) 15M 2/80

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	3. SE	male b		DATE OF BIRTH	- 26 35	MONT	DER TYR. IF UNDER	MIN: PRONO	JNCED -	DAY YEAR 24 HOUR
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WHEN WE WANTED		death resulted fro	om: Natural c	auses 🗐,	Accident , S	vicide 🔲	, Hamicide .	Undetermined	manner ,	
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TO MEDICAL EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D A FIRE DEATH, V BALTIMORE, M		EXAMINER'S NAM (TYPE OR PRINT)	Avgusto	P. Rod	righez M. B.		ADDRESS 5009 F	Rayburn C	T. Camp Sp	rings M.D.
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Mr. Pr. Gen. Bowie 2222 Hallow La

James Kenting Therese Liven

o 361-14-6051 Marvin Claywell Same as # 13

Buris! 2-13-3! Lakemont Mem, Gardens Divisonville, Md. Beall Funeral Homw 16,000 annapolis Rd. Bowie, Md.

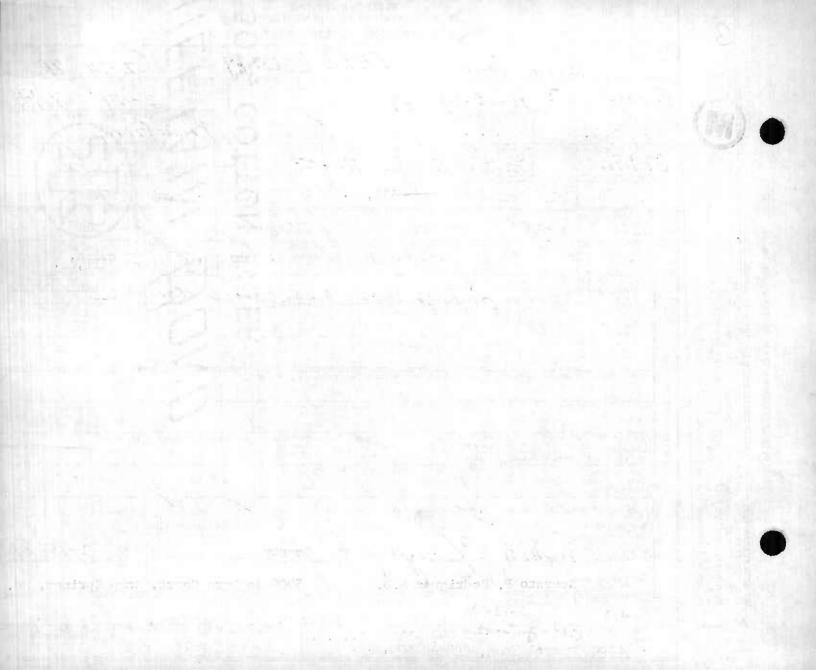
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23	BURIAL, CREM	ATION, REMOVAL	23b. DATE 2/6/81	23c. N	IAME OF CEM	Name and Address of the Owner, where		ORY	23d. LOCATIO	127	cc	YTHUC	ST	ATE
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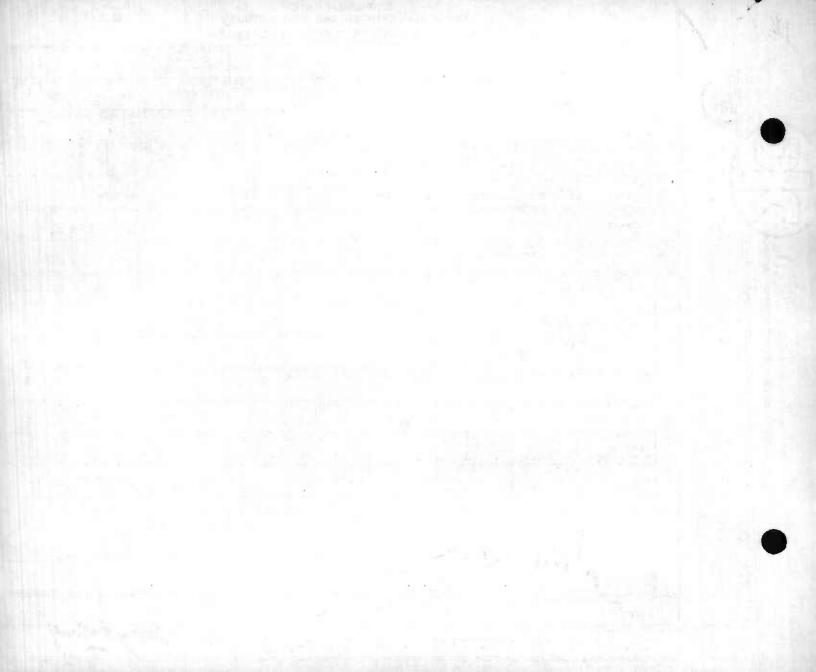
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Coffeen Mine

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%««%⊨	1. DE	REGISTRAR CEASED NAME E OR PRINT)	Bagu	Ann	MIDDLE	HA	W COLE	20. DATE	ESTI-	MONTH DAY 2 - 1'4	YEAR 75. HOUR
PEASE DIFECTOR. OUR FILES. DI STREET,	J. SEX	male W	hote ;	DATE OF BIRTH			DER 1 YR. IF UNDER	*****	E NCED	MONTH DAY	19 8 / 15 M
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.  S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, RED TO THE CHIEF MEDICAL EXAMINER ALLONG WITH FORM PM 3. RE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1, AND 2.8  E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Conditions, if gove rise to couse (a) stating lying cause last	immediate g the <u>under</u>	(b) DUE TO, OR A	AS A CONSEQUENCE  AS A CONSEQUENCE  UT NOT RELATED TO THE TERM	OF OF	OR CONDITION GIVEN IN PA				
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MICAL EXAMP ETHE CERTIFIC SHOULD BE FRAL DIRECT FRAL WITH 1 ORE, MARYLA		death resulted from	n: Natural of		ribed above, held on Accident , St	Autap:	Homicide	Undetermined in	nanner ,	DATE SIGNED	-15-81
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/ T-0~ BP		INERAL DIRECTOR	Funeral	ADDRESS	Rest Har 3447-14th ashington,	St	emetery.  1.W. 250. DATE	Hagers REC'D. BY REGISTR	AR 25b. REGIS	RAR'S SIGN	Nd.



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	<b>当</b> 祭三名を	3. SE		5. DATE OF BIRTH		AGE (IN YEARS   IF UT	NDER 1 YR. IF UNDER	R 24 TIRO. IZC. DATE	ONTH DAY YEAR 24 HOUR
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	SHEET SN	] 10. C	ITY OR TOWN OF DEATH	II. NAME OF HO	SPITAL, NURSI	NG HOME, OR OTH	IER INSTITUTION	120 USUAL OCCUPATION (TYPE OF	WORK 126 KIND OF BUSINESS OR INDUSTRY
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21201	BEATH. IF ANY DELA'SES 1, 2, AND 3 TO 1 A PM 3. RETAIN PA AND 2 SHOULD BE F A LUTAL RECORDS, 2	USU 136 S M	AL RESIDENCE (IF IN NURSING HOMI TATE aryland Prin	or other institution.	112. CITY OF	erly	13d INSIDE CITY LIMITS?	130 STREET ADDRESS 406 Girard Sti	reet
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E, J	M PW PW AND 2	0	Calvin	MIDDLE	Col	son	Mary	MIDDLE	Little
MO	PAGES ORM PI	160.	WAS DECEASED EVER IN U.S. A	RMED FORCES?		L SECURITY NO.	17. INFORMANT	ADDRESS	
BALTIMORE,	AFTE SIVE I AGE 7510	1	(IF YES, GIV Y e s	E WAR OR DATES)	244-3	34-3219	James Co	olson 4311 Fair	fax Road
	WII. P		18. CAUSE OF DEATH (Enter of	only ane couse per lin	e far (a), (b), a	nd (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	ERW EN		PART I DEATH WAS CAUS	ED BY: ATE CAUSE (a)	Multip	le injuri	es		
STC	A A A A A A A A A A A A A A A A A A A	7	8120		R AS A CONSE	OUENCE OF			
4	AAN	-	Conditions, if any, which						
×	ON THE TANK		couse (o) stating the <u>unde</u> lying couse last.	DUE TO, O	R AS A CONSE	OUENCE OF			
. 201	S S S S S S S S S S S S S S S S S S S			(c)					
RECORDS,	D BE EXECUTED WITHIN 24 HOURS AFTER DE- ENDING" IN PENCIL IN ITEM 18, GIVE PAGE MEDICAL EXAMINER ALONG WITH FORM AS A BURAL - TRANSIT PREMIT, PAGES, I AI FAITH AND MENTAL HYGIENE, DIVISION OF CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEAT	BUT NOT RELATED	TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (a),	
	SHOULD BE EX ORD "PENDING CHIEF MEDICA BE USED AS A B TOF HEATTH SURIAL, CREMA	CERTIFICATION	196 DATE OF OPERATION	19b. COND	ITION FOR WE	IICH OPERATION V	/AS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL	SHOULD ORD "PE CHIEF A E USED A T OF HE URIAL, C	문							YES X NO
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0	STAME AND THE		UNDERLYING DOR		M. MONTH D	AY YEAR			
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No.	HIS CERTIF WRITING ARDED TO AGE 3 SHO ATE DEPA	¥	WHILE NOT WHILE	STREET, FAI	road	Hi	IL Rd.,	Seat Pleasant, Pr	ince George's Md
	RE THIS CERTIFICATE SHOULD THE WRITING THE WORD "PER DRWARDED TO THE CHIEF M RE PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA DD. 21201 PRIOR TO BURAL, C		AT WORK				[J]		
	A S S S S S S S S S S S S S S S S S S S		220 I certify that I took cho		Accident D	7		on . Inquiry ., and in Undetermined monner .	my opinion
	REC BE		death resulted from: Not	ural couses 🔲,	Accident LZ	, Suicide	TITLE (SPECIFY)	Undetermined monner,	
	MAN AND THE	1	ACTUAL SIGNATURE	NANA	~		,	MEDICAL EXAMINER	DATE 2-23-81
	ZES ZES	7	1/1/1/	V		,,	(.D. ASS   S   O	MEDICAL EXAMINER	SIGNED 2-23-81
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYAND, 2	4-	EXAMINER'S NAME   (TYPE OR PRINT)	Ann M. Dix	on, M.[	).	ADDRESS	111 Penn St.	
10	5X45A4	23o.E	URIAL, CREMATION, REMOVAL	23b. DATE		ME OF CEMETERY C	R CREMATORY	Cemily or Wadesboro	COUNTY NATE C.
4:10	CBP//		Burial	3/1/81	Ked	dhill Ba	•		
1	DHMH - T7		UNERAL DIRECTOR M.C. MARCH F	/H TNC DORES	S1101 1	E. North	Ave FEE	REC'D. BY REGISTRAR 25 25 26 1981	my Marting
	(VR AT5 ME (5)) 15M 2/80	W	H.C. HARCH F	, II ING.	1101	. HOLEI		) 20 1001	1



STATE OF MARYLAND

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BP. DHMH-16 30M 2/80 (VRA 15, 4)

F. Gasch's Sons

		REGISTRAR			CERTIFICATE OF DEATH	REG. NO.					
		CEASED NAME	FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH		26 HOUR			
			HUGH	Benson	COURTNEY	02	-13-81	7:25			
	3 SE	X		4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HOURS			
		male	•	white	Feb 13, 1917	64 <sub>Y</sub>	RS				
04	7a 8	RTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH				
23		Virginia		USA	WIDOWED DIVORCED	PRINCE G	EORGE'S				
- 1	10 C	ITY OR TOWN OF D	EATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	12b. KIND O	F BUSINESS			
14		CHEVERLY		PRINCE GEORGE'S	GENERAL HOSPITAL	Gas Station	ng (IFE) INDUSTRY Atter	ndant			
-		AL RESIDENCE (IF NO	URSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR		12. CIRET ADDRECS					
35		Md		Georges Colleg	e Park YES NO	13e. STREET ADDRESS 9014 Rhode	e Island a	aye.			
	14. FA	THER'S NAME		MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME					
102		Jan	tis (AS	T							
		VAS DECEASED EVE	ER IN U.S. ARA	MED FORCES? 166. SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS					
	. (	YES, NO OR UNKNOWN)	(IF YES, GIVE	11 230 14	4954 Lottie V C	Courtney College Park, Md					
			ATH (Enter onl				APPROX	APPROXIMATE INTERVAL BEIWEEN ONSET AND DEA			
,		PART I. DEATH	WAS CAUSED	ly one couse per line for (a), (b), on	and herrembage		27	2 monte			
9	PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) The order of the conditions, if any, which  gove rise to immediate										
OE .											
01		gove rise to i	mmediate	(b) Dreepi	CS .						
Ther troi		gave rise to i	mmediate ating the	DUE TO, OR AS A CONSEQU							
or omer from	0.00	gave rise to i couse (a), sta underlying cou	immediate ating the use lost	DUE TO, OR AS A CONSEQU	ency of the contract						
ory, or other from	z	gave rise to i couse (a), sta underlying cou	immediate ating the use lost	DUE TO, OR AS A CONSEQU		NINAL DISEASE OR CONDITION	GIVEN IN PART 110	D1			
y injury, or omer from	ATION	gave rise to it couse (oil, sto underlying cou	mmediate oting the use lost	DUE TO, OR AS A CONSEQUE	ENCE OF DEATH BUT NOT RELATED TO THE TERM						
D month, or officer from	FICATION	gave rise to i couse (a), sta underlying cou	mmediate oting the use lost	DUE TO, OR AS A CONSEQUE	ency of the contract	20g AUTOPSY? 20b. I	F YES, WERE FINDIN ERTIFYING CAUSES	GS USED OF DEATH			
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Hyattsville, Md.

STATE OF MARYLAND

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2		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  O  STATE										5	6 1	9
			REGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFIC	ATE OF DI	EATH	REG. NO			
28	જ.સ્.સ્	1. DEC	EASED NAME SOT	ah 1/0	Vonessa COX 20 DATE KNOWN MONTH OF ESTI- DEATH MATED 2 -						J-1	DAY YEAR	26 HOUR	
, PLEA	ERAL DIRECTOR. OR YOUR FILES. ITHIN 72 HOURS PRESTON STREET,	3. SEX	1. RACE	N. T.	OF BIRTH	6. AGE (IN	DAY) MONT		F UNDER 24 HR	S. 21. DATE	Comment of the Commen		DAY YEAR	14 H8 WR
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: =	00 ≤ F. C.		18 CAUSE OF DEATH	(Enter only one cau	se per line	far (a), (b), and (c).)				DE TH	19/3/2		APPROXIMATI	E INTERVAL T AND DEATH
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Ē	E, WRI RWARD PAGE STATE 21201				0		1/40		Minen	gun	57	1200	1111	
ZE	A SE E E E					ribed above, held an	Autas	1	Inspection	Inquiry		in my opini	an	
A 3	IREC VITH VRYL		, death resulted fram:	Natural causes	12/	Accident 11,	Suicide	, Hamicia TITLE (SPI		determined m	anner,			
9	H COL		ACTUAL SIGNATURE	/ leggets	Y. XI	hypay				EDICAL EXAM	AINER	DATE	2-1-	-81
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- WE	EXECUTE THE CERTIFICATE, WR PAGE & SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		(TTPE OR PRINT)	Abgusto H	, Kot	Wiguez M.		ADDRESS		Julii oc	ourc, o	ump o	P-20	
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STATE OF MARYLAND

STATE OF MARYLAND

FOR

(VRA 15, 4) 1/79

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NO			CEASED NAME FIRST	D. W.	MIDDLE	LAS		20. DATE OF DEATH MON	TH DAY YEAR	76 HOUR		
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e O	1	3. SE	X	4 RACE	700 250	5 DATE OF		6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR			
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212	Per l	MSU	AL RESIDENCE HE NUMBERO HO ME	OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE	ADMISSION)			HUICI PED.	. GOV1.		
LAND 2120	BS	M	ARYLAND PR.	GEO.	LANHAM		YES NO [	7918 DELLWOO.	D AVENUE			
RY With	og O	14. F	ATHER'S NAME	MIDDLE	LAST	1	5. MOTHER'S MAIDEN NA FIRST	MIDDLE	LA	AST		
omp long	SOU		BURLIE NEELY					BELL DAVIS				
MORE exect	dice		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)			7. INFORMANT	ADDRESS	anham, Md. 2	20801		
TIM Son	e m		YES AUG	55/58	579 52 1	541 S	ARAH E. DAV.	IS 7918 Dellwo	od Ave.,	XIMATE INTERVAL LONSET AND DEATH		
RDS, 201 W. PRESTON  Requires that the death in signed by the attending the price or to burial, cremation, on	injury, or other troumoti	NO	Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(b) DUE TO, C	OR AS A CONSEQUE	ENCE OF	3) Chron	Almal Disease or CONDITION	ailine IN GIVEN IN PART I	(D1		
ALRECO he low roon. hos bee t permit	huo smo	CERTIFICATION	190. DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATION '	WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOT YES NOT				
Phy	Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	22111	DEINJURY I.M. MONTH DA	AY YEAR	TIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I ART 2)			
Wision JG PHYS offending ter this c	rkedor h	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY FREET, FACTORY, OFFICE FA		N LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
OR ATTENDING PARTIENDING PARTIENDING PARTIENDING PARTIENT OF CHECK OF USE CONTROL OF Health	Nem 21 is mo		22a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did 22b. SIGNATURE	2	17 19	1	that in (my) (pur) apinion	death occurred on the date of		that (I) (we) lost couses stated		
SPITAL of by the	RTANT: #		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	alavi	1.0.	ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	Cheverly	8.81		
O HO TO FI	<u>8</u>		11- m.	1. M	010001	11.11	<b>6</b> 6 0 3		Cr CV Cr II	20785		
F 2			BURIAL, CREMATION, REMOVA				NETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE		
602 BP	-	24.5	BURIAL	TEB.13	,1981 MAI	RYLAND	NATIONAL	LAUREL, MARYI	AND			
DHMH-16 30M 2/8	)		UNERALDIRECTOR	nt PI. M	ADDRESS			TE REC'D. BY REGISTRAR 25b. F	SISTRAR'S SIGNA	TURE		

## STATE OF MARYLAND

HYGIENE 8

0562

	1 -	STATE REGISTRAR			UEPAKIN		ICATE OF DEATH	REG.	NO.	3	6.00			
		CEASED NAME	FIRST		NIDDLE		AST	20. DATE OF DEATH		AY YEAR	26. HOUR			
			Maria		NMN)	Day	7	February 2	,1981		12:45 A			
3	SE)	Female		white		5. DATE C	12,1925 YEAR	6 AGE (IN YEARS LAST E		IF UNDER 1 YEAR	IF UNDER 24 HRS			
7		RTHPLACE (STATE GUNTRY) Germany	OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	B	NEVER MARRIED	9. BALTIMORE CITY Prince						
0		randywin			OSPITAL, NURSIN Cedarvil		R OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWIF		126. KIND C INDUSTRY	Home			
5	⊌SU./ 13a. S	AL RESIDENCE (IF P	13b COUN		GIVE RESIDENCE BEFORE 130 CITY OR TOW  randywine		134 INSIDE CITY LIMITS?	130. 185505°E	darvil	le Rd.				
	4. FA	otto Sch	iller '	MIDDLE	LAST		15. MOTHER'S MAIDEN NA  Marta Bro	dwolf MIDDLE		LAS	51			
		VAS DECEASED EN		MED FORCES? WAR OR DATES)	213-44-41	RITY NO. 461-T	George P. D		10505		ille Rd			
f		IB CAUSE OF DE	ATH (Enter on	y one cause per l	line far (a), (b), and	d (c).)				APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH			
		PARTI. DEATE		E CAUSE (o)	diemi	A				1	VC			
		585	U	DUE TO, OR	AS A CONSEQUE	NCE OF	. = .1			1				
1		Conditions, if a	+	1										
		cause (o), st underlying ca		DUE TO, OR	AS A CONSEQUE	NCE OF	101 6. 1			1)	1			
	z	PART 2. OTHER S	IGNIFICANT C	101	INTRIBUTING TO D			AINAL DISEASE OR CO	ndition give	N IN PART 1	a'			
4	CERTIFICATION	19a DATE OF OPE	RATION	196 CONDIT							FYES, WERE FINDINGS USED			
	TIFIC	0.00						YES NO		N CERTIFYING CAUSES OF DEATH?				
2	-	218. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA	in .	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	ART I OR PART 2)						
l	MEDICAL	21d. INJURY OCC	URRED-	21a. PLACE C	OF INJURY SET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR	OWN	COUNTY	STATE			
		220. I certify that (I) (this hospital) attended the deceosed from 1980, to 2 + 60 1981, that (I) (we) las sow the deceosed alive on above, (I) (we) (did) (did not) view the body ofter death.												
		226. Storpature	us /	Jast.	non	n		MEDICAL ST.	AFF ICIAN []	3 A	SIGNED 81			
	/	James Vames	Ha.	s baras	en		Walter 1	Reed Arm	y Me	1 de	nter			
1	- (	SURIAL, CREMATIC		236. DATÉ			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	7	COUNTY	STATE			
-		Crematio		663	3 01d AT	xando	rematory Ferry 250. D	Washingt	on, D.C	. 2000	2			
ľ	Le	e Funera	1 Home,	Inc.Rd.	Clinton	,Md. 2	20735	EB 9 BY RE PUBLIS	730. ISEC. 101)	MARIOGRAI	" "			

DHMH-16 30M 2/80 (VRA 15, 4)

A CONTRACT OF THE PROPERTY OF THE PARTY OF T steerings occurry. Palitarium Baoi, elli suloli (000) — antropinisti TACLE TOTAL STORE TO SECURITION CHARGES F. DISHUMBERS CASSES CASSES TO SECURITION OF THE DR. Cos Funner Toan, Inc. no. 151 mon, Mt. 20137 File Continuous Conti - STATE

TYPE OR PRINTS

REGISTRAR DECEASED NAME

EIRST

Marcia

MIDDLE

Maxine

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20. DATE OF DEATH MONTH YEAR 26 HOUR DeCarlo Feb. 17, 1981 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Prince George 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Xrav Technician Medical 13e STREET ADDRESS 4003 23rd Parkway MIDDLE 79928 23rd Pkwy Daughter Hillcrest Hgts., Md. APPROXIMATE INTERVAL 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO F

CITY OR TOWN

COUNTY

STATE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 7)

Jan. 29 81

19\_81, and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated

22s: DATE SIGNED

PHYSICIAN ADDICAL STAFF Feb. 18, 1981

3508 Old Silver Hill Rd., Suitland, Mo 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION REMOVAL 23b. DATE Penna Burial Feb 21,1981 Lafayette Mem Park\_Cem

Fayette Brownsville 24 FUNERAL DIRECTOR E. Wilhelm Funeral Suitland, Md. 250 DELLE EDEBY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

THE CHARLEST OF THE PROPERTY. Course The Section 2 Marchan 14 1 Miles Committee Company of the Committee Co and the state of t n english district and the second of the sec patrical malaboration of the particle of the patricing of the factor of the particle of the pa . A compared the same at mile . Trans.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) Wilmer Clinton February 10, 1981 3:00AM De Marr 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE S DATE OF BIRTH 3 SEX October 24, 1894 Male Caucasian 86 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George U.S.A. Marvland WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III CITY OR TOWN OF DEATH 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Piscataway Apriculture Clinton Road 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 10950 Piscataway Road Maryland P.G. Clinton 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME John Margaret Richardson DeMarr 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 218-12-7892 Margaret M. DeMarr same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN CERTIFICATION 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [ 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from and that (n (my) xour) opinion death accurred on the date and hour and from the causes stated idid not view the body after death 22c. DATE SIGNED DEGREE 226 SIGNATURE 2-10-81 ATTENDING FUNERAL I PHYSICIAN PHYSICIAN 22e. ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) Brandywine, Maryland 20613 Richard Dobson, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 230. BURIAL CREMATION, REMOVAL inton. P.G., Maryland Christ Epis. Burial BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Huntt Funeral Home Waldorf. Marvland (VRA 15, 4)

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Atchase upbton, d.S. . . . . Broneywins, harvison filely Burgas :-13-51 Christ Cpis. ten. - Linten, N.S., Christan Horse Finner T Webne Valdast, Besulend

6	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		8 I	0	5 6	28
			RST	MIDDLE	·	AŠT	20 D		MONTH DA	YEAR	2h HOUR
be year	(1Ab	CA PRINT)	ATHERINE	J.	DREH	ER		FE	B,10 1	981	8.00P.M
ge 4 moy	SE	× FEMALE	4. RACE WHITE		5. DATE O		AR	E (IN YEARS LAST BIRTH	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
orth. Po	7a. B	RTHPLACE (STATE OR FORE			RY? 8. MARRIEI WIDOWE	NEVER MARRIE	D	LTIMORE CITY OF	_		
the fun the fun day within day	1	PENNSYLVAN	11. NAME OF	HOSPITAL, NU	RSING HOME C	ERAL HOSPI	N 12a t	JSUAL OCCUPATION	ON WORKING LIFE)		BUSINESS OR
urs o		HEVERLY				ERAL HUSPI	TAL	HOUSEWIF	E		
LAND 21	1	W.	COUNTY RI.GEO		SVILLE	13d. INSIDE CITY LIN YES X NO [		TREET ADDRESS	AVENU	IE	
MARY omplete ond 2		DOMONI C	WIDDLE		PSEY	FIRST	ANN	WIDDIE		RUAN	
MORE, nond or Poges		VAS DECEASED EVER IN 1 YES, NO OR UNKNOWN) (H	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES)		8-5695	ANNE D.	NADER	SAME A		DAL	IGHTER
if FEE  vires that the death certificate signed by the attending physic en please remove corbanpape burial, cremotion, or removal. ury, or other troumotic event, the	7	Conditions, if ony, what gove rise to immediately couse (o), stating	CAUSED BY:  WEDIATE CAUSE (o)  DUE TO, O  nich iote the ost.  (c)	R AS A CONS	EQUENCE OF	oseles	atie,	Faclu Farcti Heart DISEASE OR COND	Dis.	12 121 ye	hour and said
AL RECORDS  Control on requirements the requirements of the requirements on the remaining the remain	CERTIFICATION	19a DATE OF OPERATION	N 19b. COND	ITION FOR WE	TICH OPERATIO	N WAS PERFORMED		AUTOPSY?		VERE FINDIN	
OF VITA  CLAN: T  Sphysici  physici  ph		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY C	OCCURRED (	ENTER NATURE OF INJURY	Y IN ITEM 18 PAR	I OR PART 2)	
DIVISION OF VITAL  NG PHYSICIAN: The ortending physicia of the certification of the buriol-from the ond Mental Hygie orked or trem 18 sho	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE			21f. LOCATION STREET		CITY OR TOW	VN	COUNTY	STATE
TTENDIN pitol or TOR: Af for use o of Health		22a.1 certify that (1) (this saw the deceased a above. (1) (we) (did)				10, 19 d that in (my) (our) o	70, to	occurred on the do	te and hour o		hot (I) (we) lost couses stated
ALOR A the hos		22b. SIGNATURE	12 C 1	Yan	ed u	PHYSIC	DING MEI	DICAL STAFI		22c. DATE S	11-81
TO HOSPIT retoined by TO FUNER should be with the St IMPORTAN		OFO ROE	C, HA	SIA	IR	Prince	Geor	gr Gen	west	- Ho	p.
1020BP	23a.	BURIAL, CREMATION, REA ISPECIFY) BURIAL	2 / 1 4/		ST. CA	EMETERY OR CREMA	TORY 23	MAHANOY	CITY	COUNTY	PASTATE
DHMH-16 30M 2/B0 (VRA 15, 4)		UNERAL DIRECTOR FROM NAME OUNIV. BLVD.	ANCIS J. C	OLLINS	5, MD. 20		FEB1	D. BY REGISTRAR 2 3 1981		R'S IGN	JRE .

2	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 5 6 2 9										
	- STATE REGISTRAR	REG. NO.									
(M)	1. DECEASED NAME (TYPE OR PRINT)	HOWN MONTH DAY YEAR 26 HOUR ESTI-									
SARY, AL ML DIR YOU'S IN 72 H	Finale Black	S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHD.  2-24-64 6 YI	MONTH BAY YEAR 24 HOUR 2 HOUR AM								
NECES S FOR WITH	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  D.C.	76. CITIZEN OF WHAT COUNTRY?	RECITY OF COUNTY OF DEATH								
L BEGES	Chevorley	HIS NOT IN SUCH EACHTY GIVE STREET ADDRESSI	IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION OF WORKING FOR MISST OF WORKING STORY OF WORKIN								
D. 21201 IF ANY DELA 2. AND 3 TO 3. RETAIN PA SHOULD BE IRECORDS.	I36 STATE 13b. COUN		13d. INSIDE CITY LIMITS? 13e STREET ADDRESS								
ORE, MD. DEATH. IF CES 1, 2, AN DO 2 ST	14. FATHER'S NAME HENRY	MIDDLE LAST EDWARDS	15 MOTHER'S MAIDEN NAME MIDD								
PAR FIRM	160. WAS DECEASED EVER IN U.S. AR (YES, NO, OR UNKNOWN) (IF YES, GIVE		An A	ADDRESS MACKALL  O7 NOBLE DR.							
		nly ane cause fer life for (a) , and (c).)	5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
XECUTED WITHIN 24 HOUS VG" IN PENCIL IN ITEM 18. VG" IN PENCIL IN ITEM 18. SAL EXAMINER ALONG W BURIL - TRANSIT PERMIT. AND MENTAL LYGENE, D WATION, OR REMOVAL.	- 8121 IMMEDIA	TE CAUSE(0).  DUE TO, OR AS A CONSEQUENCE (	Vacuma								
W. PRE WITHING MINER TRANS	Conditions, if ony, which gave rise to immediate couse (a) stating the under-	(b)	DF								
NL RECORDS, 2011 ULID BE EXECUTED "PENDING" IN PI FE MEDICAL EXA EF AND ME AL, CREMATION, (	lying cause last.	(C)									
RECORDS D BE EXECTED B		RT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).									
F VITAL RE SHOULD WORD "PE E CHIEF A BE USED A BEUSED A BURIAL OF HE	190 DATE OF OPERATION  210 EXTERNAL CAUSE WAS	8/ Fraumote 111/2		20 AUTOPSY?							
NOFV ICATE S THE WOULD BE STORIUS BE TIMENT		216 TIME OF INJURY	21c HOW INJURY OCCURRED TENTER NATURE OF INJURY								
DIVISION OF VITAL RECORDS, 201 HIS CERTIFICATE SHOULD BE EXECUTED WRITING THE WORD "PENDING" IN P ARABED TO THE CHIEF MEDICAL EXA AGE 3 SHOULD BE USED AS A BURIAL ATE DEPARTMENT OF HEALTH AND MB 1201 PRIOR TO BURIAL, CREMATION,	UNDERLYING OR CONTRIBUTING CAUSE OF 121d. INJURY OCCURRED WHILE NOT WHILE IN	21e PLACE OF INJURY (ATHOME, STREET PACTORY, 1944, ETC.)	211. LOCATION  SIRET PI SITY OR TOWN	Da a SOUNTY D. STATE							
H×888	AT WORK AT WORK	ge of the remains described above, held an	Autopsy , Inspection I Inquiry	and in my opinion							
AMINE RTIFICA D BE FR RECTO MITH TH RYLA TH			cide , Homicide , Undetermined mann								
CALEX THE CE SHOULD RAID DI RE, MA	ACTUAL SIGNATURE	sto f. fodugues	M.D. Deputy MEDICAL EXAMIN	ER SIGNED 2-17-81							
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERTOR! TO FUNERAL DIRECTOR! AFTER DEATH, WITH THE S BALTIMORE, MARYLAND.	EXAMINER'S NAME AUGU	sto P. Rodriguez M.D		,Camp Springs,Md							
0700	230. BURIAL, CREMATION, REMOVAL 2	William	METERY OR CREMATORY  GTON NATIONAL  SUITLA	ND COUNTY STATE							
DHMH-17 (VR A15 ME (5))	ALEXANDER S. POR	(aux)		256. REGISTRAR'S SIGNATURE							
(VR A15 ME (5) ) 15M 2/80	TAILDER S. PUR	PE 2617 PENNSYLY	WINTH WAR DOR	Manager Comments of the Commen							

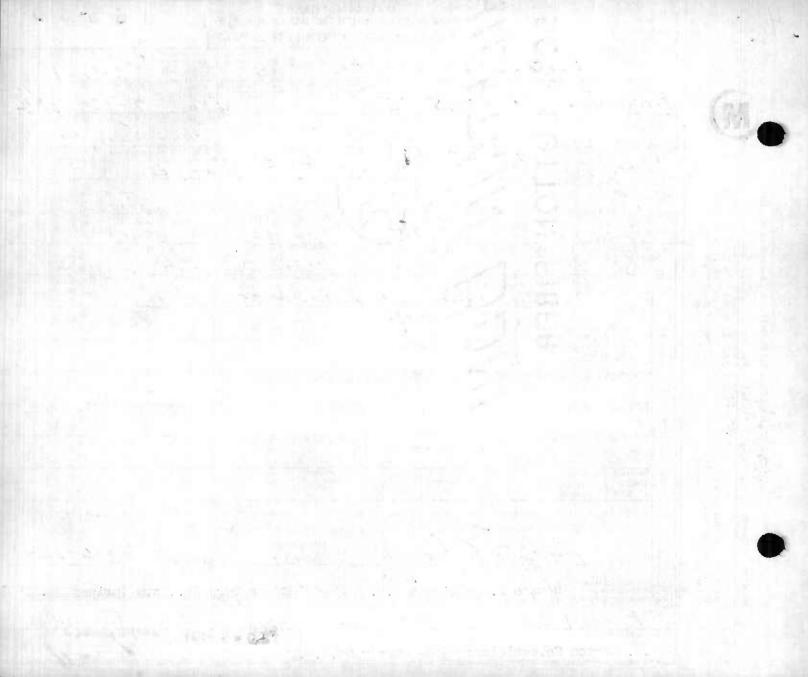
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THE SAME BOUNDON.

LIAN DAR C. POPL 2017 PARSTANTE AVE S.L.

TALL FLE 21, 1991 CASHINGTON NETTONAL SUITAND, 101

4.		FOR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 5 6	30
		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
Marian 12 m	1. DEC	CEASED NAME Bentha		DAY YEAR 26 HOUR
REETO PER A STREET	3. SEX	A. RACE S. DATE MONTH	E OF BIRTH 6. AGE (IN YEARS) IF UNDER ) YR. TIF UNDER 24 HRS 14. DATE	1 8 1 B
47	7e. BI	RTHPLAGE (STATE OR 7b. CITI REIGN CODNIRY)  ASDIANO LIKE DC.	IZEN OF WHAT COUNTRY?    MARRIED   NEVER MARRIED     VIALUMORE CITY OF COUNTY (   WIDOWED   DIVORCED	OF DEATH
PAGES S	10.8		WE OF HOSPIFAL, NURSING HOME, OR OTHER INSTITUTION IN USUAL OCCUPATION INVESTIGATION I	OR INDUSTRY
ANY DE AND 3 TO PETAIN TOUID BUT TOU	USUA 13a. S	AL RESIDENCE OF IN NUMBER OF OTHER IN	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONLY  13c. CITY OR TOWN  WAS NIAGON  VESTON OF THE STREET ADDRESS  VESTON OF THE STREET ADDRESS  VESTON OF THE STREET ADDRESS  TO STREET ADDRE	E.
DEE, MD.	14. FA	NTHER'S NAME FIRST MIDDLE  AMES	ME GRICE BERTHA BURRE	> / UKST
ALTIMO AFTER INF PA H FOR AGES 1 ISSION (	16a. W (YE	VAS DECEASED EVER IN U. S. ARMED FOR ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DA		1,SE
PRESTON ST., BV THIN 24 HOURS. CIL IN ITEM 18. G AER ALONG WIT ALONG WIT ALONG WIT ALONG WIT REMOVAL.		18 CAUSE OF DEATH (Enter only one con PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSI Conditions, if ony, which gave rise to immediate	ouse per (n) for (a), (b), and (c).)  SE (a) Les I MEMALY Remark hay e  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18. F MEDICAL EXAMINER ALONG WED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.	NO	cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (c) TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
F VITAL RECORDS TE SHOULD BE EXE WORD "PENDING TE CHIEF MEDICA BE USED AS A BL OF HEALTH AR D BURIAL, CREMAT	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?
BIVISION OF VITAL RECORDS, R: THIS CERTIFICATE SHOULD BE EXECUTE. WRITING THE WORD "PENDING" REWARDED TO THE CHIEF MEDICAL REPARTIMENT OF HEATTH AND TO THE CHIEF MEDICAL TO SURIAL, CREMATIN TO SURIAL SU	MEDICAL CERT	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	
ZIZAVA WIT	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f LOCATION  STREET CITY OR TOWN COUNTY	Y STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE A SHOULD BE FORWA TO FUNERAL DIRECTOR: PACA BAFTER DEATH, WITH THE STAT BALTIMORE, MARYLAND, 213		226 I certify that I took charge of the death resulted fram: Natural cause:  ACTUAL SIGNATURE ALLIGNMENT		2-13-81
TO MEDI FXECUTE PAGE 4 TO FUNI BALTIMO	73- 81	EXAMINER'S NAME AUGUSTO  (TYPE OR PRINT) AUGUSTO  URIAL, CREMATION, REMOVAL 236. DAJE	P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct. Camp Spring	ngs Md. 20031
BP	(5	UNERAL DIRECTOR	19/81 PARMERY MEM, AND CHISTON FOR 1236 LOCATION CITY OF THE PRINT BY MEM, AND CHISTON AND PRINTS HOTELD AND AND AND AND AND AND AND AND AND AN	, MO,
DHMH - 17 (VR A15 ME (5)) 15M 2/80		N.N. Horton CoMorti	ADDRESS	all.



Rd., Suitland, Md.

(VRA 15.4)

Funeral Home

STATE OF MARYLAND

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STATE OF MARYLAND

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STATE OF MARYLAND

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MPORTANT

23a, BURIAL, CREMATION, REMOVAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTI Angioletta Fiora 0. 1981 February 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX May 10, 1892 White 88 Female 7a BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Italy USA WIDOWED DIVORCED Prince George's II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Doctors Hospital TYPE OF WORK FOR MOST OF WORKING LIFE! Lanham Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 2302 Senator Avenue Md PG Dist Hats A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Erminia MIDDLE Avondo Vicenzo Olmo ADDRSame as Above 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-62-7763 Catherine O. Fiora, Daughter, No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8. CAUSE OF DEATH (Enter only one couse per PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (0) gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AID! WHILE 72x I certify that (Ir this hasoital) saw the deceased alive on and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above. It (was (did) (did not) view and Jody after death 77h SIGNATUR DEGREE STAFF PHYSICIAN TO DIRECTOR PHYSICIAN 22e ADDRESS

Burial Holy Cross Cemetery Clarksburg Wilhelm ADDRESS 4308 Suitland DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR RObt E DHMH-16 30M 2/80 (VRA 15, 4)

23b. DATE

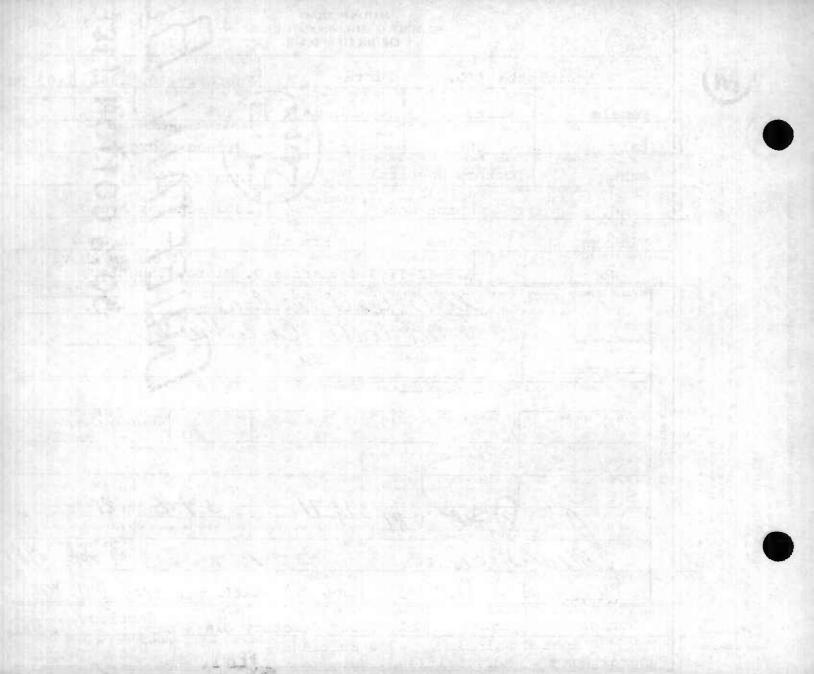
Rd., Suitland, Md Funeral Home

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

CITY OR TOWN

Harrison,



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	0	TOPECEASED NAME FIRST MIDDLE LAST TO DATE KNOWN FOR											2b. HOUR
	the second	N VOID	Charles Calvin Fletcher OF ESTI- DEATH MATED 2										
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-	SE S	/	0.0		4.5		WIDOWE	DIVO	RCED P	rince G	eorge'	s Count	V. MD.
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15			18 CAUSE O			e for (o), (b), and (c).)		1234	14-14-14-14			APPROXIMATE BETWEEN ONSE	TAND DEATH
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Ö	PENDIN PENDIN F MEDIC ED AS A I HEALTH AL, CREM	Z					CHMINAL BIJERJE	DR CONDITION GIVEN IN	PART 1 1905				
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ATA A	\$8E25	1 E										YES 😡	NO []
6	CERTIFICATE SHITING THE WOOD DED TO THE CO E 3 SHOULD BE DEPARTMENT () PRIOR TO BU		21a EXTERNA	L CAUSE WAS	21b. TIME C		EAR 21c. HO	W INJURY OCCUR	RED LENTER NATURE	OF INJURY IN ITEM 1	B PART I OR PAR		
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DIVISION	CERTIFICATION TO	MEDICAL	21d INJURY C		STREET FAC	OF INJURY (AT HOME	, 211. LOC.	ATION		ORTOWN	COU	NIY	STATE
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	¥3×2×3	4	EXAMINER'S	NAME Virg	ginia L. I	Dolan, M.D	• A	DDRESS		111 1	Penn S	treet	
10	BAT PAR -	11/8	URIAL, CREMAT	ION, REMOVAL	23b. DATE	23c. NAME OF			23d. LOCATION	ON	COUNT	IV C	ATE
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			EGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	-	DECE (TYPE OR	ASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	8 75	(TITE CM	NORAH	C.	FOOTE	JEBRUARY 2	3 1981 9° DM
	may may	SEX		4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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4	Pop Pop	7e. BIRT	HPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
	deat	-	CRELAND	U.S.A.	WIDOWED DIVORCED	PRINCES GA	EOKBES MD.
	fter in	10 CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	12h. KIND OF BUSINESS OR
5	an # #70	LA	NHAM	MAGNOLIA G			HOTEL
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DIVISION OF VITAL RECORDS, 201	n sig		ALTO (TULL OF	CONDITIONS CONTRIBUTING	TILLA.X	MINAL DISEASE OF CONDITION C	FIVEN IN PART ITO
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11	01	23a BUI	RIAL, CREMATION, REMOVAL		JE NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
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	DHMH-16 25M	Z4 PUN	ERAL DIRECTOR	ADDRESS	MA.	TE REC'D. BY REGISTRARIES REG	STRAK S SIGNATURE
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7	-	FOR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 5 5 3									1			
	1-	STATE REGISTRAR		ME	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											
(88)		CEASED NAME OF PRINTS	FIRST	MIDDLE LAST 20. DATE KNOWN MONTH E									H DAY	YEAR	26. HOUR	
Je Age			Evely	n Cortude FOWLER DEATH MATED 12-18 1981									м			
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SALTIMORE, MD. 2120 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND THY FORM PM 3. RETA PAGES 1 AND 2 SHOUL INISION OF VITAL RECO	14. F.	Thoma:	S	MIDDLE	Wł	ite		Mar.	IRST	EN NAME	м	NDDLE	Hu		ast NSOI	1
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S AFT S AFT GIVE TTH F PAGE VISIO		no	(# 165, 6142	None	214	-42-6242	2	Raym	ond	E. 1	Fowle	er T	emple	e Hi	lls,	MD
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, A SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RITHOG THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES I ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PMES SHOULD BE USED AS A BURIAL "TRANSIT PREMIT PAGES I AND EDEPSTAKENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIOLENCE TO BURIAL, CREMATION, OR REMOVAL.	PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUS  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a) stating the under- lying couse lost.  (c)  PART O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.10  PART OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.10  CONDITIONS OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.10  PART OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.10  PART OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.10  PART OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.10  PART OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.10  PART OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.10  PART OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIO															
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2			fy that I took charg	rol couses	Accident		Autops de	Homic TITLE (S	PECIFY)	Undet	Inquiry dermined mo	anner	ond in my o	E 2	-19-	-81
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SPIN-SA-WIS BROW many and the Lead of

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may enamed by the haspital or attending physician.	4 may
O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the first in the construction of the build be detached for use as the build-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be littled in the first interest to be considered to the construction of the construction	-

		FOR STATE REGISTRAR	DEPAR		TH AND MENTAL HY	GIENE 8. I	o	5 0	3 0
		ASED NAME FIRST		LAST		20. DATE OF DEATH	MONTH DA		2b. HOUR
L		CHAF		FROM			02-17-		3:15AM <sub>M</sub>
3	SEX		4 RACE	5. DATE OF 8	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) II	DNIHS DAYS	IF UNDER 24 HRS HOURS MIN,
		MALE	WHITE	11	13 1930	50	YRS.		
69	CO	HPLACE (STATE OR FOREIGN UNTRY) NEW YORK	U.S.A.	MARRIED L		PR INCE	GEORGE		MD.
14	(	CHEVERLY	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE  PRINCE GEORGE  1	S GENERA		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST ON NONE		INDUSTRY	F BUSINESS OR
	SUAL la. ST	ATE THE	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFO OUNTY 13c CITY OR TO NNDARUNDAL LAURE	WN 13d	INSIDE CITY LIMITS?	13e. STREET ADDRESS RT. 198	D.C.	CHIDD	RENS CTR
14.	. FAT	HER'S NAME FIRST HAROLD	MIDDLE LAST FROMMERT	15.	MOTHER'S MAIDEN NA	WE	L	OWERY	T
		AS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL SEC		INFORMANT	ADDRI			market 2
		NO	10616-0	429	ROBERTA LI	TTLE SAM	E AS	ITEM	#13
		8 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er only one couse per line for (a), (b), o	ond (c).)				BETWEEN	MATE INTERVAL DISET AND DEATH
			DIATE CAUSE (0) DISSEMIE	VACO C	OAGHERTIO	W HWO S	5/5/15	2/12	181
		2449	DUE TO, OR AS A CONSEQ	UENCE OF				- 21	17/81.
		Conditions, if any, which		EMM	sepsis				
1		couse (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF	c Lynch	ROCMO			
2		PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TER	AINAL DISEASE OR CON	DITION GIVE	N IN PART 10	31
7   5	2	a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION W	'AS PERFORMED	20a AUTOPSY?	206 IF YES, IN CERTIFY	WERE FINDIN	GS USED OF DEATH?
2	KILLIC					YES NO	IN CERTIFY YES	ING CAUSES	GS USED OF DEATH? NO
2 September 1		PTO, ACCIDENT WAS UNDERLYING	2 2 b. TIME OF INJURY HOUR A.M. MONTH	21			IN CERTIFY YES	ING CAUSES	OF DEATH?
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Prince George's 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 824 South Lincoln St. Betocchi Dal Balcon-Lottsford Mitchellville. MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY Ft. Lincoln Cemetery Brentwood Burial PG Marvland TEREC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hines/Rinaldi 11800 N.H. Ave. S.S. Md.

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IF UNDER I YEAR

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STATE OF MARYLA	ND
DEPARTMENT OF HEALTH AND N	IEN

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	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	REG. NO.	5041
	1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	BETTILEE		GRAY	2 -	27- 81 12:40 M
		RACE —	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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1	OUNTRY) 75. (	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X	9 BALTIMORE CITY OR COUNT	TY OF DEATH
A	35 Md.	U.S.A.	WIDOWED DIVORCED	PRINCE GEORGE	S COUNTY MD.
	10 CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
ø	CLINTON.	SOUTHERN MARYLA			
N	USUAL RESIDENCE (# NURSING TOME OR OTH 130 STATE IARYLAND St. I	ISC. CITY OR TOWN		13e. STREET ADDRESS	BOX 100
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	160 WAS DECEASED EVER IN U.S. ARMED		RITY NO. 17 INFORMANT	ADDRESS RT	.1 BOX 100
1	NO	218-68-	-8739 JOYCE BEN	INETT LEONAR	DTOWN, MD  APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATH
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	22a. I certify that (I) (this hospital) sow the deceased alive on above, (I) (we) (did) (did not) yii  22b. SIGNATURE  22d. PANNICIAN SMAME (TYPE OR PRI	ew the body of er death.	ATTENDING PHYSICIAN	. to	27c. DATE SIGNED
	(SPECIFY)		AME OF CEMETERY OR CREMATORY  DAR HILL CREMAT	23d LOCATION CITY OR TOWN	COUNTY STATE
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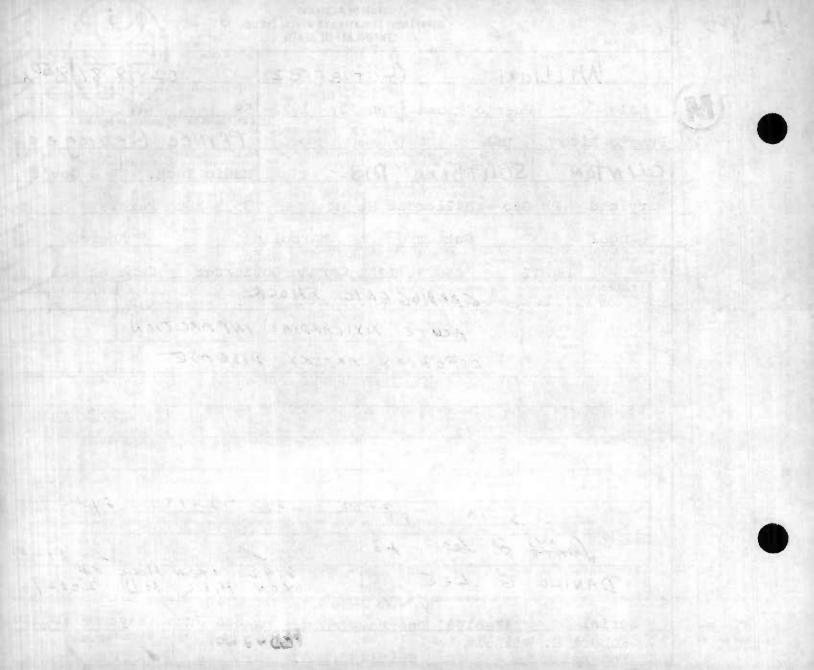
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE KNOWN TTYPE OR PRINTS OF ESTIaune 198 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE FUNERAL DIFECT 5 FOR YOUR D, WITHIN 72 HO W. PRESTON STR PRONOUNCED TO BIRTHPLACE (STATE OR MALTIMORE CITY OR COUNTY OF DEATH PENEVER MARRIED FOREIGN COUNTRY USA New York WIDOWED DIVORCED 8. GIVE PAGES 1, 2, AND 3 TO THE FL WITH FORM PM 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BEFLIED, DIVISION OFFLITAL RECORDS, 201 W 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Electronic OR INDUSTRY Prince George Hospital Tethnician USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13e. STREET ADDRESS 13a. STATE 136. COUNTY 13d. INSIDE CITY LIMITS? 2003 Fordham Street Hyattsville 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST FIRST FIRST Joseph Evelvn E. Charlev Gravson IAL SOCIAL SECURITY NO. Cindy M. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Grayson-wife-2003 Fordham Street 2147.04714 no APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only ane cause per time far (o), (b), and (c). BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST nenes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? BURI YES [ NO P EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND 21201 PRIOR TO BU 21g. EXTERNAL CAUSE WAS ONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PLACE OF INJURY 21f LOCATION LAT HOME. FACTORY CARM, ETC.) NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion 1 Accident Suicide Hamicide Undetermined monner deoth resulted from: Natural causes TITLE (SPECIFY) Deputy DATE SIGNATURE MEDICAL EXAMINER ADDRESS 5009 Rayburn Court, Camp Springs, Md. Augusto P Rodriguez M 23d. LOCATION Landover, Maryland Park Harmony Memorial Feb Burial BP HY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** Benning Stewart Funeral Road (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) HELEN HANNAH DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCED Oct. 2. 1886 94 YRS DEAD CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Scotland Scotland DIVORCED 18. CITY OR TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
House Keeper Home JSUAL RESIDENCE (IF IN NURSING HOME OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Maryland Prince Geo. 13d. INSIDE CITY LIMITS? 3916 Winchester Lane YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE James Mc Kinzie Cameron Agnes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) I HE YES GIVE WAR OR DATES! 214 70 2600 Shirley V. O'Connell Same as #13 (Dau) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) A BURIAL - TRANSII PER H AND MENTAL HYGIENE, I MATION, OR REMOVAL. perturame Jardio Vorender ducence PART I DEATH WAS CAUSED BY: DUE TO, DOU'S A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PARTA OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. ED AS A E racture L2 CERTIFICATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, 6 ARDED TO THE CHACE SHOULD BE LEAST DEPARTMENT OF THE CHACE 3 SHOULD BE LEAST OF THE CHACE SHOULD BE LEA YES 🗀 NO T 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 2 HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH ? IE PLACE OF INJURY (AT HOME. AT WORK NOT WHILE STREET FACTORY, FARM, ETC.) TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGEN FOR PAGEN WITH THE STATE BALTIMORE, MARYLAND, 2120 22a I certify that I taak charge of the remains described above, held on Natural causes Accident Hamicide Undetermined monner TITLE (SPECIFY) DEDUTY MEDICAL EXAMINER 5009 Rayburn Court, Camp Springs, Md. Augusto P. Rodriguez M.D. 23c. NAME OF CEMETERY OF CONTROL 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION CITY OR TOWN 2/13/81 Burial Montreal Memorial Pk. St Laurent Quebec Canada 250 DATE REC'D, BY REGISTRAR 256 REGISTRAS SECONTURE Francis Gasch's Sons Funeral Home, P.A. **DHMH-17** Hyattsville, Maryland (VR A15 ME (5)) 15M 2/80

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DHMH-16 30M 2/80

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100		FOR STATE REGISTRAR			NT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 1 0	5 6	4 8
		1. DECEASED NAME (TYPE OR PRINT)	erst Lsie	M.		asi	20. DATE OF DEATH MONTH D	DAY YEAR	11 5 7A
		3 SEX Female	4. RACE		5. DATE O			IF UNDER 1 YEAR	HOURS MIN.
	meral dir nin 72 hou at once.	70 BIRTHPLACE (STATE OR FORE COUNTRY)  Virginia	7b. CITIZEN OF		MARRIEE WIDOWE		Prince George	OF DEATH	WE
201	by the full with filled with	Clinton	(JE NOT IN SUC	HEACHITY GIVE STREET AD	DRESSI	ROTHER INSTITUTION  Spital Cenete:	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  Retired	INDUSTRY	Gov t.
21	filled in ould be		HOME OR OTHER INSTITUTION  B. COUNTY  Geo.	GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN ACCORSEL		138 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS P.O. Box 156		
MARYLAND	ond 2 sh	14 FATHER'S NAME FIRST William	WIDDLE	Mainha.	11	15. MOTHER'S MAIDEN NAM		Pa	tton
3ALTIMORE,	n ond co		U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES) NONE	578-12-65		J. Bernard Ha	ADDRESS	m 13	
BALT.	physical popers novol.	18 CAUSE OF DEATH ( PART I. DEATH WAS	Enter anly one cause per CAUSED BY:	line for (a), (b), and (	V	Lunata T	=	BETWEEN	ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO

CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 P.M. 21e. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE

220 Certify that (1) (this hospital) attended the deceased from and that from the causes stated on the date and hour and from the causes stated well and (did nat) view the body ofter death 27h SIGNATURE DEGREE 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

2/19/81

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

23c NAME OF CEMETERY OR CREMATORY St. Mary Cemetery

23d LOCATION Piscataway

COUNTY P.G.

STATE Md.

(SPECIFY) Burial 24. FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

G.P. Kalas 6160 OxonHill Rd. Oxon Hall, Md.

HEB

CPILO. 9 Lame rince George "irrinis Southern Maryland Lossit I Cenetar metired of Gov't. Clinton Yo. Fr. den. Condreek x P.C. Fox 1.6 Pattor Pattor msilliw none '78-12-6559 J. Fernard Person same as from 13

urial 2/19/81 St. Mary Cemetery Piscoteway P.G. nd.

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FOR TATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.			
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1	(TYPE	OR PRINT)	MINNI	E F		HA	RRIS			02	06	81	10:07 M
1	3 SEX	K		RACE		5 DATE C		6 AG	E (IN YEARS LAST BI	RTHOAY		DER 1 YEAR	IF UNDER 24 HRS
		Female	1	White	9	Se	pt 13,1906		74	YRS	MONTHS	OAYS	HOURS MIN.
Ġ	7a BIF	RTHPLACE STATE OF FO	OREIGN 7		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED 1	9 BA	LTIMORE CITY	OR COUN	TY OF D	EATH	
1		ennessee		USA	TANK FOLK	WIDOWE	DMORCED		RINCE G				MD.
1		TY OR TOWN OF DEA Laurel	ATH I	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	VILLE HOSPI	(TYPE	SUAL OCCUPATOR WORK FOR MOST Housewi	OF WORKING		L KIND O DUSTRY Hot	F BUSINESS OR
7	USUA 130. S Ma	AL RESIDENCE (IF NURS	135 COUNT	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Laurel		13d. INSIDE CITY LIMITS		treet address 2901 La	urel	Bow		pt 101 oad
2	14 FA	William	Her	iry	Young		15. MOTHER'S MAIDEN FIRST Mary	NAME	C. MIDDLE			burn	Dood
	16a W {Y	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 483 14 35		Pauline Gre	een (	ADDI daughter	(*) La	l Wha	iske:	y Bottom aryland
		18 CAUSE OF DEAT	H (Enter only	y one couse per	line for (a), (b), on	d (c)	·					BETWEEN	MATE INTERVAL ONSET AND DEATH
8		PARTI. DEATH		CAUSE (o)	CARDIA	L 1-	PREST						
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		couse (o), statin underlying couse		DUE TO, O	as a conseous	1	0465						
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	NOI												4386
2	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	100	AUTOPSY?				OF DEATH?
1	CERT	21a. ACCIDENT WAS UN	OERLYING	21b. TIME O			21c. HOW INJURY OCC			URY IN ITEM 1	B, PART 1 O	RPART 2)	
		OR CONTRIBUTING		HOUR A.	M. MONTH D, M.	AY YEAR	200						
	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE			211. LOCATION STREET		CITY OR TO	OWN	cc	YINUC	STATE
		22a.1 certify that (I)	(this hospite		1	0.7 1	un her 12 1980		Februa		. 19_1	5/.	that^(1) (we) last
		sow the decease above, (1) (we) (					nd that in (my) (our) opin	nion deoth	occurred on the	dafe and h			
		226. SIGNATURE	I con	wo k	flex	nen	DEGREE ATTENDING PHYSICIAN		DICAL ST.	AFF ICIAN []		DATE	7-81
		224 PHYSICIAN'S N.	AME (TYPE OR	A W	)arre	2	32 \	Prin	u Georg	5e 57	1 ho	regt	el josev
	23a. B	BURIAL, CREMATION, SPECIFY BURIAL	REMOVAL	23b. DATE 2/10/8			EMETERY OR CREMATOR	RY 23	Brentwo	od Pi	COUN GO		STATE Md.
		UNERALDIRECTOR GASC	ohle C					ATE REC	D. BY REGISTRA	R 25b, REG	ISTRAR'S	SIGNAT	TURE
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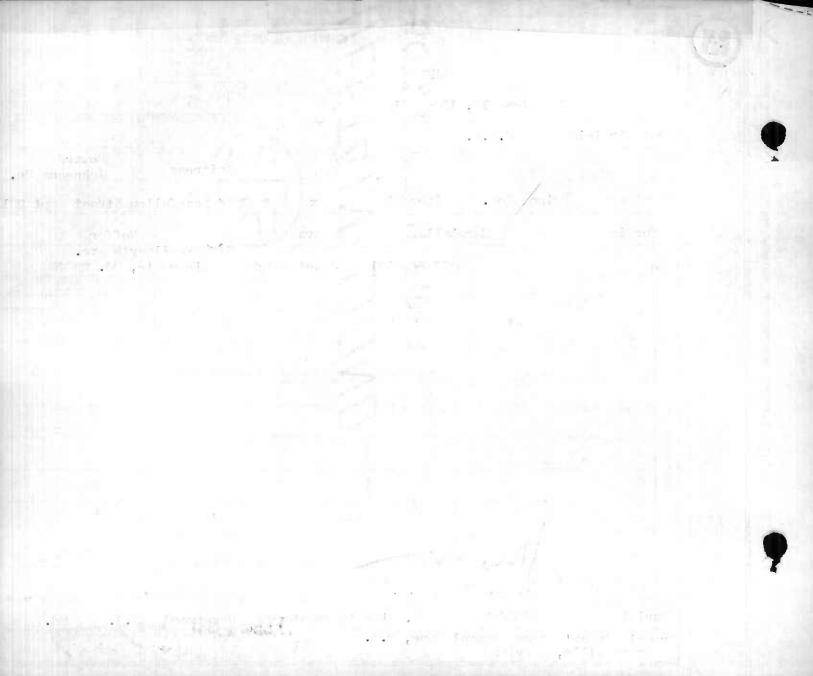
TO FUNERAL DIRECTOR: After this certificate has been signed by

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S NEGSSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET,	3. SEX fema		white	June 13,	1949 31	IN YEARS IF U	NDER 1 YR. IF UNDER	MIN. PRONOUN DEAD	CED	2 2		2d HOUR 5:05 p M
NECESSARY FUNERAL DIF 5. FOR YOU W. PRESTON	West	Virgin	ia	76. CITIZEN OF WE		WIDOV	RIED MEVER MARRI	ED L	ce Georg	ne's	County	MD.
DELAY I TO THI O BE FILE (05, 20)	Che	verty		11. NAME OF HOSPITAL, NURSING HOME, OR OTHE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  PRINCE GEORGE'S Gen. Hospital of the institution, give residence before admission.					Howard stry  Johnsons Co.			
P. 21201 F. AND 3. RETAI SHOULD SHOULD IN PECON	Haryl	and	rinc	e Geo.	Riverda	Îe	13d. INSIDE CITY LIMITS? YES NO	5604 Lon	gfellow	Stre	et Aj	pt 201
ORE, MD. REATH. IF RAM PM 3. TAND 2 SI	Fur	die	R IN U.S. ARM		shall	URITY NO.	IS MOTHER'S MAIDE FIRST  Eva  17. INFORMANT		H enPlwor	offer		
BALTIN S AFTE GIVE F ITH FC PAGES INISION	NO.	OR UNKNOWN)	(#FYES, GIVE V	VAR OR DATES)	232 86 4	181	Janet Amic		Le, Md. 20840			
, 201 W. PRESTON ST UTED WITHIN 24 HO 'IN PENCIL IN ITEM I EXAMINER ALONG RIAL - TRANSIT PERM ID MENTAL HYGIENE ION, OR REMOVAL.	7000	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  Undetermined  Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause lost.  PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a).										
F VITAL RECORDS,  FE SHOULD BE EXECT WORD "PENDING" FE CHIFF MEDICAL OBE USED AS A BUR SHUT OF HEALTH AND BURIAL, CREMATIC	TIFICATION 190. []	ATE OF OPER	RATION		TION FOR WHICH (	OPERATION V	WAS PERFORMED?				0 AUTOPSY	? NO 🗆
<b>™</b>	WEDICAL CON 214 III WHIII WHIII AT W	DIVING T	OR CAUSE OF D	HOUR A.M P.M 21e PLACE C	MONTH DAY	YEAR 9	OCATION STREET	CITY OR TOW		COUNTY		STATE
EXAMIN CERTIFIC L DIRECT L, WITH I	deo ACTL SIGN	th resulted fra	t I taak charge m: Nafare	e of the remains des	Accident ,	an Auta Suicide	nspection  Hamicide  TITLE (SPECIFY)  A.D. ASSISTA	Undetermined ma	nner ,	DATE	n 2-2 <b>3-</b> 8	1
TO MEDICAL EXECUTE THE PACE 4 SHO PACE 4 SHO PATER DEATH	(TYPE		REMOVAL 2		23c. NAME O	F CEMETERY (	ADDRESSOR CREMATORY	111 Per		COUNTY		TATE
BP	PA-FH MER	I SIREGIOS	ch's Sc	2/26/81 ons Funers aryland	al Home,		n Cemeter		ALL ALL	AR'S SIGN		

Items #18a-22a Film G555 5/8/81 rcstate OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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П	- STATE REGISTRAR				CERTIF	ICATE OF DE	ATH		REG. NO.						
	DECEASED NAME TYPE OR PRINT)	WALTE				HAYES			20. DATE OF DEATH MONTH			26 HOUR 4:15AM			
3.	sex Male		RACE Black		5. DATE C		10	6. AGE (INYEA	RS LAST BIRTHDAY	MC	UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.			
ď	BIRTHPLACE ISTATE OR I COUNTRY) Virginia			WHAT COUNTRY?	/ ~ =-			9 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S COUNTY							
	CHEVERLY		11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR PRINCE GEORGE'S G			DRESS)			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Lab Assistant  12b. KIND OF BUSINESS (INDUSTRY HOSPItal)						
13	SUAL RESIDENCE (IF NURS BO, STATE MD	13b COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Bladens			10 🗆	136 STREET AL	7th Av	e.#	102				
	FATHER'S NAME FIRST Arch		Hayes			15. MOTHER'S MAIDEN NAME Charlotte					Musse 7 57th Avenue				
16	(YES, NO OR UNKNOWN)	(IF YES, GIVE W		579-05-1		Dianne		lson/Da			densbu	irg, M.D			
NO	cause (a), statur underlying cause PART 2. OTHER SIGI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
	19a. DATE OF OPERA	TIÓN	19b. CONDI	TION FOR WHICH	OPERATIO	200 AUTOF			WERE FINDING CAUSES						
	The second secon									, 10 nd hour	county	/			
23	Burial, CREMATION,		2/19/			EMETERY OR CR		k 23d LOCAT	ion R TOWN Idover,	Pr: Mar	yland	eorges			

Rollins Funeral Home, Inc. 4339 Hunt Place, N.E., Washington

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

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or offer	V		LE	4 RACE WHITE	E	S DATE O	9, 1894	6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN
in 72 ha	31	MA	RTHPLACE (STATE OR FOREIG	U.S.A	_	WIDOWE		Prince G	eorges	DEATH	MD.
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ly filled in should be	most be	13a. S		COUNTY rince Geo.	13c. CITY OR TOWN Hyatts	V 1	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6007 43rd			
	and	14. FA	THER'S NAME Leonard	MIDDLE C.	<b>Herr</b> LAST		Virginia	WIDDLE		iffith	r 1
S. Poges 3	the medicol	16a V	VAS DECEASED EVER IN L ES NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	577 07 2		Robert C. H	err Beltsv	Ifview I	d (	Son) MATE INTERVAL DISSET AND DEATH
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been rmit. T prior	2	CERTIFICATION	190 DATE OF OPERATION		% CONDITION FOR WHICH O			200 AUTOPSY? YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES		IGS USED OF DEATH?
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ECTOR: /	m 21 15 m			0 - 1/	1- 198			on death occurred on the d	ote and hour or	nd from the o	
RAL DIR	<u> </u>	T C	226. SIGNATURE	- ()	nelli	<u>~</u>	PHYSICIAN  1220 ADDRESS	MEDICAL STA	FF CIAN []	226. DATE :	4-81
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06		В	BURIAL, CREMATION, RÉN SPECIFY Urial	2/26/8	I Ft.	Line	oln Cemeter	v Brentwoo	od P.C	UNITY	STATE Md.
- 16 50M 7/7 R A 15 (4))	7	44	Hyattsvill	's Sons Fun le, Marylan		P.A	•	ATE REC'D. BY BOISTRAR	DLR5G191944	(A) (C) (A)	URE
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Sentings , all 1983 1990

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3. SE	X 4. RACE	5. DATE OF BIRTH MONTH DAY July 20	6. AGE (IN YEARS IF U	NDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE PRONOUNCED DEAD	2-11 1981
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10. C	ITY OR TOWN OF DEATH	TI. NAME OF HOS	SPITAL, NURSING HOME, OR OTI ACILITY, GIVE STREET ADDRESS)	HER INSTITUTION	128 USUAL OCCUPATION FOR MOST OF WORKING LIFE POSTAL CL	(TYPE OF WORK 178 KIND OF BUSINES OR INDUSTRY
N		OR OTHER HISTITUTION, G	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	t Drive	
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100. V		E WAR OR DATES)	226 60 5430		therine Hint	
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CERTIFICATION	THE DATE OF OPERATION	196 CONDI	ITION FOR WHICH OPERATION V	VAS PERFORMED?		20. AUTOPSY?
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	WHILE NOT WHILE AT WORK			CATION STREET	CITY OR TOWN	COUNTY
23a.B	22a I certify that I taak char death resulted fram: Natu ACTUAL SIGNATURE	ge of the remains des ural causes .	scribed abave, held an Autap Accident . Suicide .	Hamicide ,	Undetermined manner  MEDICAL EXAMINER	ond in my apinian  DATE SIGNED  2-12=

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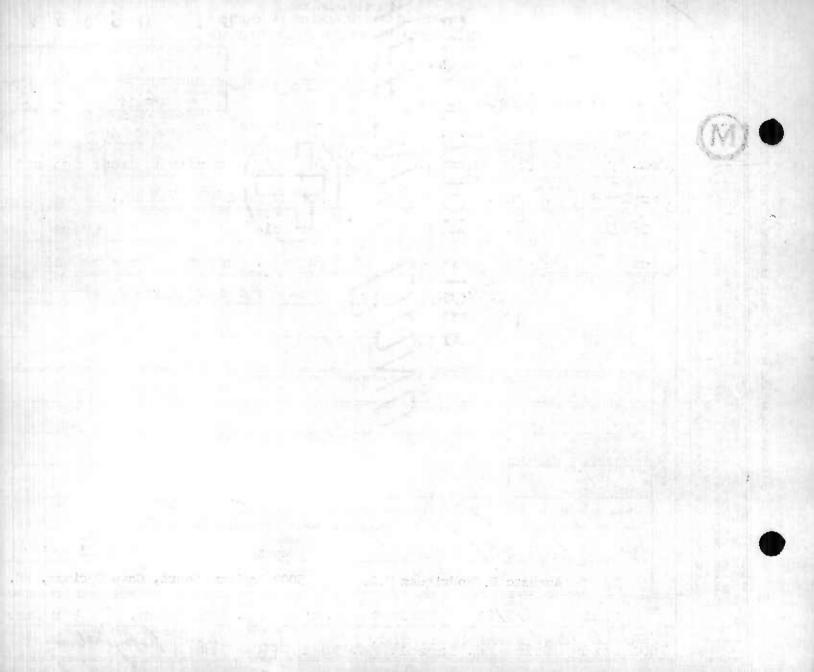
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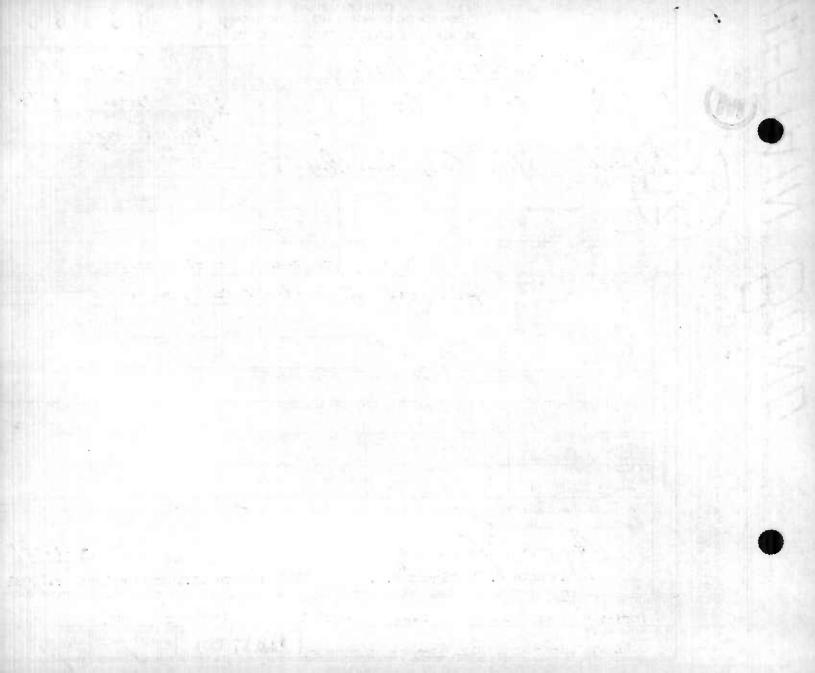
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21		STATE REGISTRAR	MI	EDICAL EXAMIN	NER'S	CERTIFICATE OI	DEATH	REG, NO.		
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PLEASE DIRECTOR. DIRECTOR. THOURS	3. SEX	16/e White	5. DATE OF BIRTH	YEAR LAST GRATH		NDER 1 YR. IF UNDER 2	4 HRS. 2c. DATE PRONOUNCED DEAD	2-4	DAY YEAR	24 HOUR
	FO	RTHPLACE (STATE OR REIGN COUNTRY)		VHAT COUNTRY?	8. MARR WIDOW	IED NEVER MARRIE	D LI Breno	CE GEN	TY OF DEATH	MD.
4504 4584	1 7	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HON FACLITY, GIVE STREET ALCRESS	SUITA	e Hospital	Security	ON (TYPE OF WORK	12b. KIND OF BU OR INDUST Secu	JSINESS
ANY DE AND 31 PETAIN PRETAIN P	113a S	RESIDENCE (IF IN NURSING HOM ITATE 136 COU	e or other institution, INTY G. CO.	134. CITY OR TOWN Laurel	SION)	13d INSIDE CITY LIMITS? YES A NO				
RE MO.	14. FA	THER'S NAME LEWIS	мори	Hoffman		15. MOTHER'S MAIDEN Carrie	NAME		Quint	
SALTIMOR IS AFTER DI GNE PAGE I F PAGES I DIVISION O	(YI	(AS DECEASED EVER IN U.S. A S. NO, OR UNKNOWN) (IF YES, GP 194	RMED FORCES? VE WAR OR DATES) 1-1965	166. SOCIAL SECURI	same	as #13	3			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFFER DEATH. F ANY RITHING THE WORD." PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1.2. AND RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 8 BETA RES SHOULD BE USED AS A BURIAL - RRANSIT PERMIT PAGES I AND 2 SHOULD TO PROPERTING HEALTH AND MENTAL HYGIENE, DIVISION OF MITE PEOP OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDI  Conditions, if ony, which gove rise to immedio cause (a) stating the underlying cause last.	ATE CAUSE (6)  DUE TO, C	R AS A CONSEQUENCE	OF	andio	tascula)	diseas	APPROXIMA BETWEEN ONSI	T AND DEATH
RECORDS, D BE EXECT ENDING: AREDICAL AS A BUZI CREMATIC	NO	PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEAT	H DUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PART	1 (a).			
VITAL RE SHOUD ORD "PE CHIEF A E USED A IT OF HE	CERTIFICATION	190. DATE OF OPERATION	19b. CONE	DITION FOR WHICH OPE	ration w	/AS PERFORMED?			20 AUTOPSY YES	? NO 🗆
NVISION OF VITAL RE CERTIFICATE SHOULD RITING THE WORD."PE EDED TO THE CHIEF A E3 SHOULD BE USED A E0 DEPARTMENT OF HEL DI PRIOR TO BURIAL, C		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O		M. MONTH DAY YEA	AR 21c H	ow injury occurred	LENTER NATURE OF INJURY IF	NITEM 18 PART 1 OR PA	ART 2)	
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFEE DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2		22a I certify that I took cho death resulted from: Not ACTUAL SIGNATURE	wite P	Accident , s	Autop wicide	Homicide  TITLE (SPECIFY)  Deputy	Undetermined monner	DATE R SIGN	1-4-	-87 Md
TO ME EXECU PAGE TO FUI	23a. B	IRIAL CREMATION REMOVAL	23b. DATE	23c. NAME OF CE		ADDRESS	ayburn Cour			TAJE .
BP	24 FI	Burial	2/9/81				m. Arling	A CONTRACTOR OF THE PARTY OF TH	Virg	finia
DHMH - 17 (VR A15 ME (5)) 15M 2/80	76	JERGE LAUREL 501 Sandy Sp	ring Rd.	Laurel,	Md.	20810 FFB	9 1981	broken)	recruity	



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	20年代表年。		CEASED NAME E OR PRINT)	Villia	m Jes	hua	Ho	110	LAST		20	OF DEATH A	ESTI-	MONTH	11	51	Zb. HOUR
	(ARE)	3. SE	Take Bi	ack	5. DATE OF BIRTH	86 AR	AGE (IN YE.	MONTE		HOURS	MIN. PE	DATE	CED	2-1	DAY	YEAR 1981	24 HOUR
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., INALTIMORE, MD. 21201  AL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESCARY, PLEASE HE CERTIFICATE, WRITING THE WORD." PREJUNG "IN PERMIT IN BUT BY PAGES! 1, 2 AND 21 OF THE CORP. ALD DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE FILLD. WITH MESTATE DEPARTMENT OF HEALTH AND MENTAL HYGENEE, DIVISION OF WITH RECORDS, "20 OF HEALTH AND MENTAL HYGENEE, DIVISION OF WITH RECORDS," 20 WITH PRESENTED AND 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	70. B	RTHPLACE (STATE OR		78. CITIZEN OF W	HAT COUN	TRY?	8. MARRI	ED NEVE	FD MADDIE	9.	BALTIMO	RE CITY	OR COUN	ITY OF D	EATH	
			Md.		USA			WIDOW	-	DIVORCE		PYII	nul	ren	95		MD
	\$ 14 SEC 74	10.6	he welly	ATH	MAME OF HOS PAMEL	PITAL, NU	RSING HOME TREET ADDRESS)	OR OTH	ERINSTITUTI	ion Lit	FOR MO	ISUAL OCCUPATION (TYPE OF W OR MOST OF WORKING LIFE) Farmer		PE OF WORK	12b. KIN OR P	ND OF BU PINDUSTE Priva	siness te
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE DECUTED WITHIN 24 HOURS AFTER DEATH. IT RITING THE WORD "PRODICS" IN PENCIL IN 1TEM 18. GHE PAGES 1. SED TO THE CHIEF MEDICAL EXAMINER ALCING WITH FORM PM. 3. E. 25 SHOULD BE USED AS A BURIAL. TRANSIT PRIMIT PAGES 1. AND 2.5. E. 25 SHOULD BE USED AS A BURIAL. TRANSIT PRIMIT PAGES 1. AND 2.5. E. 25 SHOULD BE USED AS A BURIAL. TRANSIT PRIMIT PAGES 1. AND 2.5. E. 25 PARTIMENT OF HEALTH AND MENTAL HYGIENE DIVISION OF WITAL OF PRIME TO USE OF MENTAL HYGIENE.	USU/ 13a. S	TALE Md.	13b. COUNT	OTHER INSTITUTION, G	13c CITY	OR TOWN	oro	13d. INSIDE CITY	NSIDE CITY LIMITS? 13. STREET ADDRESS  D NOT 203 Staton Dr					rive		
		14. F/	THER'S NAME		WIDDLE		LAST		15. MOTHER'S MAIDEN NAME				DIE			TZAI	
100			George H	olley	Mode		LASI			Saral	a	MIL		Lyl		L A ST	
		16a. \	VAS DECEASED EVER	IN U.S. ARM		16b. SOC	CIAL SECURIT	/ NO.	17. INFORMA	ANT		114	ADDRES	S			3
			No	O 214-14-2264 Mr. Joseph Harper/nephev									w.sam	e as	: 13e	7	
	HW. HENNEN AMINE A		Conditions, if gave rise to cause (a) statin lying cause last	any, which immediate g the under-	(b)DUE TO, OR	AS A CON	SEQUENCE (	OF OF	DISEASE DR CONDITION GIVEN IN PART 1 (g).								
	NI RECOR	CERTIFICATION	190. DATE OF OPER				WHICH OPER			Dr.					20 A	UTOPSY?	
	OF VIEW		210. EXTERNAL CAU UNDERLYING  CONTRIBUTING	OR		A. MONTH	DAY YEAR	21c. HC	O YRULMI WC	OCCURRED	) (ENTER NA	TURE OF INJUR	RY IN ITEM 1	B PART 1 OR PA		res 🗌	NO 12
	DIVISION THIS CERT WARDED THE DEPART THE DEP	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT V		21e PLACE STREET, FAC	OF INJURY TORY, FARM, E			CATION			CITY OR TOWN	×		DUNTY		STATE
	XAMINER: ERTIFICATI LD BE FOR INFECTOR: WITH THE ARYLAND,	100	77a. I certify that death resulted from ACTUAL SIGNATUR EXAMINER'S NAME (TYPE OR PRINT)	Natura Hyusu	e of the remains de al causes	Accident			Homicio TITLE (SPI Deput	ECIFY)	Undeter	Inquiry [ mined man  ALEXAMII	ner	DATE SIGN	ED 2	-1/ Md.2	<u>-8/</u> 20031
	PAGE PAGE	23a.B	URIAL CREMATION	REMOVAL 23	Bb DATE	23c. 1	NAME OF CE			RÝ	23d. LOC CITY OR	ATION			15.19.0		. 75
0:	50 BP		Burial		2-14-81		Harmony				Le	andov	er,	Md	UNIT	TOP DEATH  KIND OF BUSINESS OR INDUSTRY Private  LAST  AS 13e  APPROXIMATE INTERVAL BETWEEN ONSE! AND DEA  STATE  TO STATE	ATÉ
	DHMH - 17	24 F	UNERAL DIRECTOR		ADDRESS			- 47	23	Sa. DATE R	EC'D. BY R			SISTRAR'S	SIGNATI	URE	
	(VR A15 ME (5))		John T.	Rhines	Co., 311	5 12t	h St.	N.E.	D.C.	2001	7.1	JO 1		7"		7	





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X	11-	FOR STATE REGISTRAR		DEPARTMENT OF HEALT DICAL EXAMINER'S			0. /
		CEASED NAME FIRST WALL	in Por	bert Hoov	ER.	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26. HOUR
ARY, PEASE L DIRECTOR. CUR, FILES. V72 HOURS	3. SE	Male Lohite	5 DATE OF BIRTH	6. AGE (IN YEARS IF L LAST HIPTODAY) MON	JNDER TYR. IF UNDER 24  NTHS DAYS HOURS M	HRS. 2c. DATE IN: PRONOUNCED DEAD	MONTH DAY YEAR 24 HOOR 2-26 18/2 M
VECESS UNNERA WITH PRESI	3 ( FC	RTHPLACE (STATE OR PREIGN COUNTRY) Virginia	76. CITIZEN OF WE	MAR	RIED NEVER MARRIED	Prince Cr.	OR COUNTY OF DEATH  MD.
A SOLUTION THE IS	74 c	heverly	Prince			O USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	PEOF WORK 126 KIND OF BUSINESS OR INDUSTRY NONE
E, MD. 21201 ATH. IF ANY DELV S 1, 2, AND 3 TO PM 3. RETAIN P UD 2 SHOULD BE WIAL RECORDS,	1130. S	TATE  TY land Anne	Arunde 1	130 CITY OR TOWN	13d. INSIDE CITY LIMITS? 13	street address 1534 Theme	s Drive
DEATH. IF GES 1, 2, A PM 3. A ND 2 SI	710	Robert	Warren	Hoover	15. MOTHER'S MAIDEN P	Marie	Motyka
BALTIMORE S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN IVISION OF	2 16a. Y	VAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN)   I IF YES, GN	RMED FORCES?	166. SOCIAL SECURITY NO. 219-78-9375	Robert W.		Davidsonville 4 Themes Dr.,Md
ECORDS, 201 W. PRESTON ST., BALTIMORI D BE EXECUTED WITHIN 24 HOURS AFTER DE FRDINGS, IN PENCIL IN ITEM IS GIVE PAGES MEDICAL EXAMINER ALONG WITH FORM AS A BURIAL - TRANSIT PERMIT, PAGES 1 AP AALTH AND MENTAL HYGIEME, DIVISION OF CREMATION, OR REMOVAL.	7	PART I DEATH (Enter of PART I DEATH WAS CAUS IMMEDI Canditions, it any, which gave rise to immediate cause (a) stating the underlying cause last.	ATE CAUSE (a)  DUE TO, OR  te  (b)	AS A CONSEQUENCE OF	ng with Cr	amo Cere,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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, <u>5</u> , <u>E</u> = <u>1</u>	CERTIFICATION				WAS PERFORMED?		20. AUTOPSY?  YES NO 9
DIVISION OF VITAL BITTEL SHOL THE, WRITHOLD THE WORD REMARKED TO THE CHIE R. PAGE 3 SHOULD BE USE E. STATE DEPARTMENT OFF E. 21201 PRIOR TO BURB	MEDICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	F DEATH 209P.M	MONTH DAY YEAR CO	Carpent yn	Who caley f	FIXED OBJECT
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WHOULD BE FORWAR TO FUNERAL DIRECTOR, PAGA PRINGER BALTIMORE, MARYLAND, 212		228. I certify that I taak cha		Accident Suicide	apsy , Inspection [	11	DATE SIGNED 2 - 26 - 81
TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT	2	EXAMINER'S NAME ANGL	isto P. Roc				Camp Springs, Md.
Bb	23a.8	URIAL, CREMATION, REMOVAL Burial	3/2/81	Lakemont C			11e, Mary Istate
DHMH - 17 (VR A15 ME (5)) 15M 2780	1	UNERAL DIRECTOR BE	ADDRESS	Bowie, Md.	25s. DATE REC	O. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE

Virginia J.S.A.

Cheverly Prince Georges Hospital Mone none

Maryland Anne Arun el Divisonville x 1534 Themes Erive

Robert Wirren Hoover Jeanne Marie Hoteka

Divisonville

no ---- 219-78-9375 Robert W. Hoover, 1534 Themes Erije

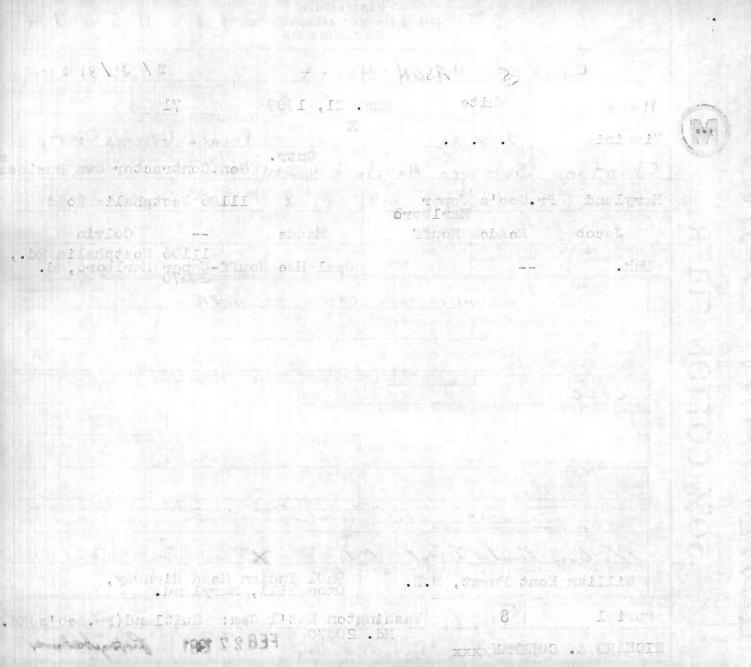
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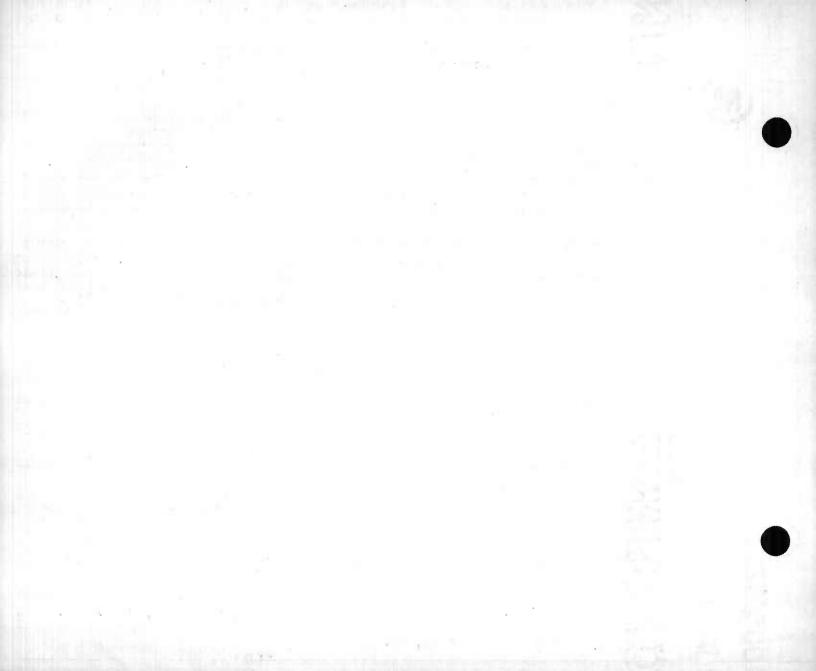
Brist 2/2/81 Lekemont Cemetery Programville, Asrline Beall Funeral Home 16000 Annophis Ec., Bowle, Mc

(VRA 15, 4) 1/79

STATE OF MARYLAND

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7	Item 22a G554 1- STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
	I. DECEMBED INTINE	RST MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
å / LE	(TYPE OR PRINT)	AMES L.	HUBBARD	FEBRUARY 22, 1981 5:50p M
m oy	3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HPS
4 9 9	MALE	WHITE	OCTOBER 10, 1928	52 YRS MONTHS DAYS HOURS MIN.
Poor de Poor	7a. BIRTHPLACE (STATE OR FOREIG		RY?   MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
Coto in 72	VIRGINIA	U.S.A.	WIDOWED DIVORCED	Prince George's MD.
s offer o	Riverdale	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S' Leland Me		126, USUAL OCCUPATION Who Legar Let of working Life) Produce 126, KIND OF BUSINESS OR INDUSTRY Owner
212		HOME OR OTHER INSTITUTION, GIVE RESIDENCE E	EFORE ADMISSION)	
Filler ovild			sville YES X NO	3615 Gallatin St. Apt 1112
RYL,	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE LAST
MAR wed w	Hobson	Hubbard	Mabel	Gune
xecut nd co ges l	16a WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF.	UTC CRUTILLER OR DITTEL		ADDRESS (NICO)
Pie e pe e s. Poe e me	Yes	229 26	1673 Jean E. Hubbs	ard Same as #13 (Wife)
ECORDS, 201 W. PRESTON ST.,  we requires that the death certifu been signed by the attending ph mit. Then please remove corbany prior to buriol, cremation, or rem any injury, or other troumatic even	Conditions, if ony, wh gove rise to immedicouse (a), stating underlying couse li	DUE TO, OR AS A CONSE  of the DUE TO, OR AS A CONSE  ost. (c)  CANT CONDITIONS CONTRIBUTING  ON WELLS TUS	EN OF LESS TO CANSO	NAME OF THE PART OF THE PART TO STATE OF THE PART T
AL REI	TIFIC			YES NO YES NO YES NO
ON OF VITA  IVSICIAN: TI dring physicis is certificate buriol-transit Mental Byg Nertal 18 sh	000000000000000000000000000000000000000	E OF DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DIVISION OF VITAL RECORDS  NG PHYSICIAN: The low requirentending physicion.  Wher this certificate has been signs on the buriol-transit permit. The thood Mental Hygene prior to be not dear 18 shows any injury orked or tem 18 shows any injury.	GIF EITHER, NOTIFY MEDICAL EX  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	21e. PLACE OF INJURY	FICE, FARM, ETC.)  21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
TTENDIN oitol or TOR: Afr for use o of Health	saw the deceased a	ive on (did not) view the body after death.	om 19 / 0 , Sho that in (my) (our) opinion	deoth occurred on the date and hour and from the causes stated
NEC Heed Heem Heem	226. SIGNATURE	(did hat) view the body after death.	9 DEGREE	224. DATE SIGNED
TAL O y the RAL DI detocl fore Do	1600	esteun	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 2-22-4/
HOSPI Sined b FUNE Sould be the the Si	CONALA S	(TYPE OR PRINT)  6. FLEISCHER	14/1. 120 ADDRESS 74/1 12/6	SS Rd INGATTSVILLE, MId
5/80	23a BURIAL, CREMATION, REA (SPECIFY) Burial	AOVAL 236 DATE 2/25/81	23c. NAME OF CEMETERY OR CREMATORY Lakemont Memorial Ga	23d LOCATION P.G. STATE Md.
DHMH - 16 50M 7/77		's Sons Funeral	lome P	EREC'S. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(VR A 15 (4))	14WAGE	le, Maryland		
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1691 1 85	en be	oddyr . mal.	Lerer pe	11 98	e67

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		STATE REGISTRAR		MI		EXAMINE				-	н	REG. NO.			
No. (AM)		CEASED NAME OR PRINT)	Mar	ian	WIDDLE	HUD	SON	AST		20.	OF E	STI-	40. 4	DAY YEAR 0 1981	2b. HOUR
X 2 M PE	J SEX	mali	1. RACE	5. DATE OF BIRTH	-20	6. AGE (IN YEAR LAST BIRTHDAY O YRS		DER I YR.	FUNDER 2		DATE ONOUNCE DEAD	0 2	MONTH - 17	DAY YEAR	24 HOUR
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- EG = 67.1	10. 51	LO VEY	DE DEATH	NAME OF HO	SPITAL, NU	IRSING HOME,	OROTHE		poter	FORMO	LOCCUPAT STOF WORKING SETT 16	G LIFE)	OF WORK 12	or industrial Home	USINESS
DEATH. IF ANY DELAY GES 1, 2, AND 3 TO TI M PM 3. RETAIN PA AND 2 SHOULD BE FI OKYITAL BECORDS, 2	130. S		18 COUN		13c CITY	E BEFORE ADMISSION Y OR TOWN erdale		3d. INSIDE CI YES 🙀	NO 🗆		t ADDRESS Longf	ellov	Stre	eet	15
DEE, MD. DEATH. IF	10.	THER'S NAME		MIDDLE	Mind	LAST 1 in		IS. MOTHE ROS	R'S MAIDEN	NAME	MIDDL	E	Dorf	LAST	
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND ITH FORM PM 3. RETA PAGES 1 and 2 SHOUL WISION OF WITAL RECO	16a, V		EVER IN U.S. ARA	WAR OR DATES)	166 SO	CIAL SECURITY		17 INFORM	THAN	sey la			Clarks	burg,	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2) S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF A RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, A RES SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHO REDFARMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH 18 ROT PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Condition gave ris	is, if ony, which the to immediate stating the under-	D BY: TE CAUSE DUE TO, O	R AS A COI	o), and (c),)  Option  NSEQUENCE OF		an an	ulur	vzire	ruler	de	res	APPROXIMA BETWEEN ONS	TE INTERVAL
RECORDS, D BE EXECT PROBING, A REDICT O AS A BUR CREMATIC	TION	PART OTHER STE DE LO 190, DATE OF		contributing to DEAT	, 60	may	alle	log	y	[ ] (a).					
SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SURFALL SURFALL SURFALL SHOULD	CERTIFICATION					WHICH OPERA								20 AUTOPSY YES 🗌	NO P
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TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21;		270.   certif death resulte ACTUAL SIGNATURE 4	y that I taak charg	rol couses ,	Accident		Autopsy de ,	Hamic TITLE (SI		Undeterr	Inquiry I	er .	DATE	0-11	0-81
TO MEDIC EXECUTE PAGE 4 S AFTER DEV	1	EXAMINER'S I	Augu:			nez M.D.						rt, C	amp S	prings	, Md.
66 BP	(5	Burial		36. DATE Feb/13/81		NAME OF CEMI lington		ional	Cem.	23d LOC.	ingtor	ı, Ar	COUNTY Lingto	on, Vi	rginia
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	INERAL DIREC NAME Lambers	Funeral	Home Ri		le, Mar	yland		250. PALE P	SC P. SY R	GISTRAR	ZOB, KEGIS	KAK ŞŞIĞ	NATURE	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE KNOWN XX MONTH L DECEASED NAME 20. DATE (TYPE OR PRINT) ESTI-Glen. Hur ley 24 19 81 DEATH MATED 4 RACE AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR 3. SEX DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED white 10 81 male 24 10:36 DEAD IN BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED FOREIGN COUNTRY) Prince George County DIVORCED Oklahoma WIDOWED [ USA AND 3 TO THE FUR RETAIN PAGE SHOULD BE FILED W O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Prince George General Hospital FOR MOST OF WORKING LIFE Chever ly Laborer Construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136. COUNTY 13c. CITY OR TOWN YES [] NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alice Hopkins Joe Henry Hurley Mattena 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 1406 Walter Way Rolland Hurley ) Bro. ) Korea Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD THE PAGE 4 SHOULD BE FORWARDED TO THE CHIET A TO FUNERAL DIRECTOR: PAGE 3 SHOULD RE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALIFIMORE, MARYLAND, 21201 PRIOR TO BURRAL. YES T NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR pedestrian struck by automobile CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 218 PLACE OF INJURY LATHOME. 21d INJURY OCCURRED street, Factory, Farm, etc.) Rt#1 at BerwynHouseRoad, CollegePk, PG Co, MD WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an and in my apinian Autapsy Inspection Inquiry Accident XX Suicide Hamicide death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL 1/25/81 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. ADDRES 11 Penn Street Balto. MD 21201 (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE SPECIFY) 3-13-81 Removal BP 250. DATEREC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** Anatomy Board of Md. Balt., Md. (VR A15 ME (5)) 15M 2/80

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M	Male	Black	DATE OF BIRTH	7 YEAR	6 AGE LIN YEAR LAST BIRTHDAY 73 YRS	MONTHS	R 1 YR.	HOURS	MIN. PR	DEAD		2-12	DAY	YEAR 1981	A HOUR
0 10 71	FOREIGN COUNTRY) Tenn.  0. CITY OR TOWN O		US A			WIDOWED		ER MARRIEI DIVORCEI		Him	ORE CITY OF	ngli			MD.
DELAY IS 1 TO THE N PAGE 0 BE FILE (05, 20)	Md USUAL RESIDENCE III		II NAME OF HOS  (IF NOT IN SUCH FA  Leland	Memor	reet ADDRESS)	spita	1	ION	FOR MOS	ST OF WORK	ATION 15YP (ING LIFE) Unknov		OR	D OF BUS INDUSTR	Y
P. 21201 P. AND 3 3. RETAIL SHOULD	13a. STATE	136 COUNTY		13c. CITY	or town entwood	13	d. INSIDE (IT	NO 🗆	4528	STREET ADDRESS 528 40th Street		eet			
ORE, ME ORE, ME OF VITA OF VITA	John  14 FATHER'S NAME FIRST  John  160 WAS DECEASED		Wes]	Ley	AST		FIR	nah	NAME	MI	ADDRESS	Cole LAST			
BALTIN IS AFTEI GIVE PO TITH FO PAGES	Unknown	N)     IF YES, GIVE WA	AR OR DATES)	Unk	nown				Lou	Ivie	e/wife			13e	
DS, 201 W. PRESTON SI CECUTED WITHIN 24 HO G". IN PENCIL IN ITEM I AL EXAMINER ALONG AL EXAMINER ALONG AND MENTAL HYGIENE AND MENTAL HYGIENE ATION, OR REMOVAL.	Conditions, gove rise couse (o) st lying couse	IMMEDIATE , if any, which to immediate tating the under- elost.  IFICANT CONDITIONS CO	(b) DUE TO, OR	AS A CÓN	SEQUENCE O	F	ą			las.	dise.	are.	SETWI	EEN ON SET	AND DEATH
HTAL REC HOULD B ORD "PENI CHIEF MEI USED AS OF HEAL"	190. DATE OF C	PERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								JTOPSY?	NO 🗆			
MON OF W	216. EXTERNAL UNDERLYING CONTRIBUTING 216. INJURY OC WHILE	OR G CAUSE OF DE	21b. TIME OF HOUR A.M ATH P.M	MONTH .	19			OCCURRED	(ENTER NAT	TURE OF INJU	JRY IN TIEM 18	PART 1 OR PAR	RT 2)		
THIS WAR WAR STATE		NOT WHILE AT WORK		ORY, FARM, ET		211. LOCA STRE				CITY OR TOW	/N	COL	COUNTY S		
XAMINER ERTIFICA ID BE FO MIRECTOR MITH THE ARYLAND	death resulted	Angun	couses .	Accident	Suice	Autopsy ide , M.D.		ecify)	Undetern	Inquiry mined mon	nner .	DATE SIGNE	02.	.15.	
TO FUN AFTER D BALTIM	EXAMINER'S N (TYPE OR PRINT 230. BURIAL, CREMATIC	ON, REMOVAL 236	. DATE		Z M.D.		DRESS		234 LOCA		ourt,	Camp	Spr	ings	, Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  WINNER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEFOCATE WITHIN 24 HOURS AFTER DEATH. IF AND 3 HEROSES 1, 2, AND 3 HEROSES TO THE WORD." PENDING" IN PENCIL IN IEM 18 GIVE PAGES 1, 2, AND 3 HEROSES SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS TO BURIAL. TRANSIT PERMOVAL.	Burial 24 FUNERAL DIRECTO JOHN T.		2-18-81 0.,3015		St., N.		C. 20	So LAEB		Brent 1981	twood,	By	Mal	Te.	

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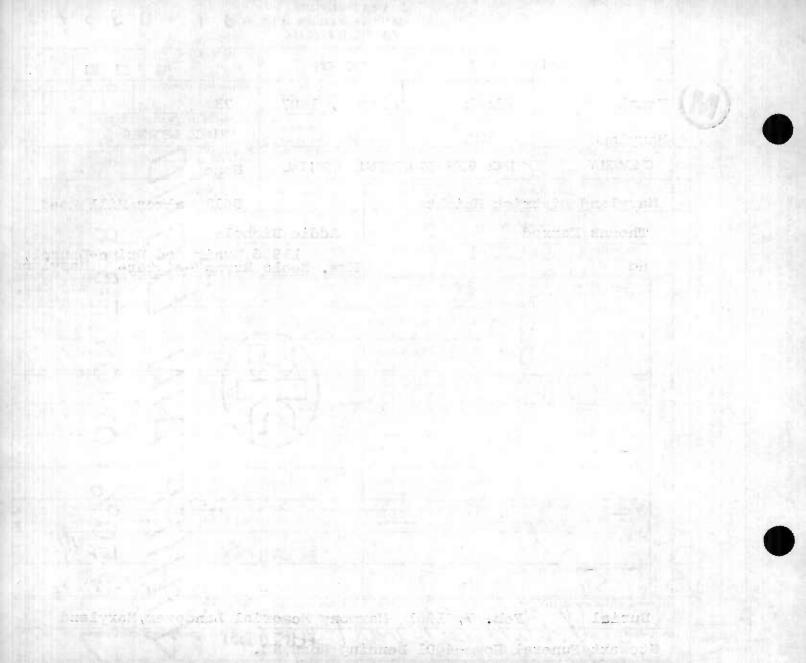
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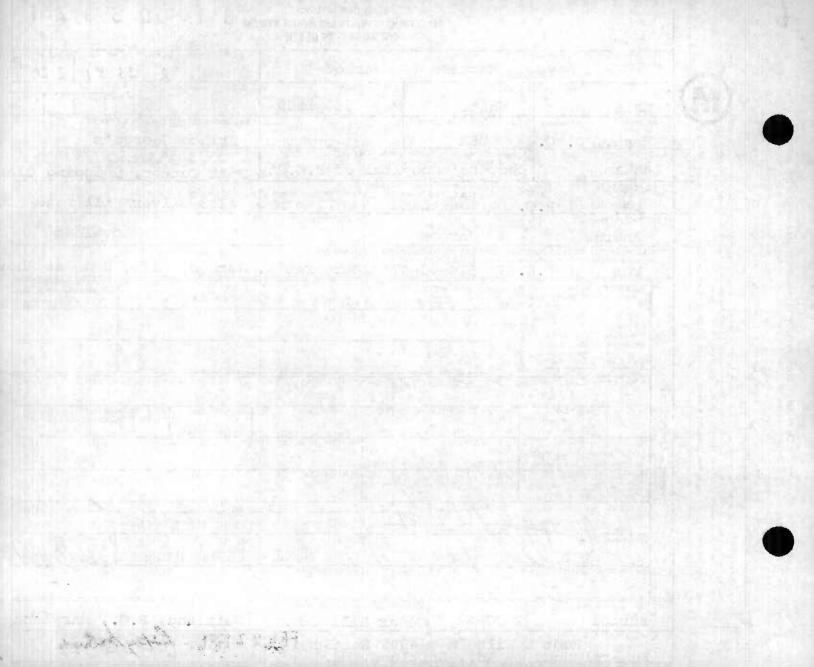
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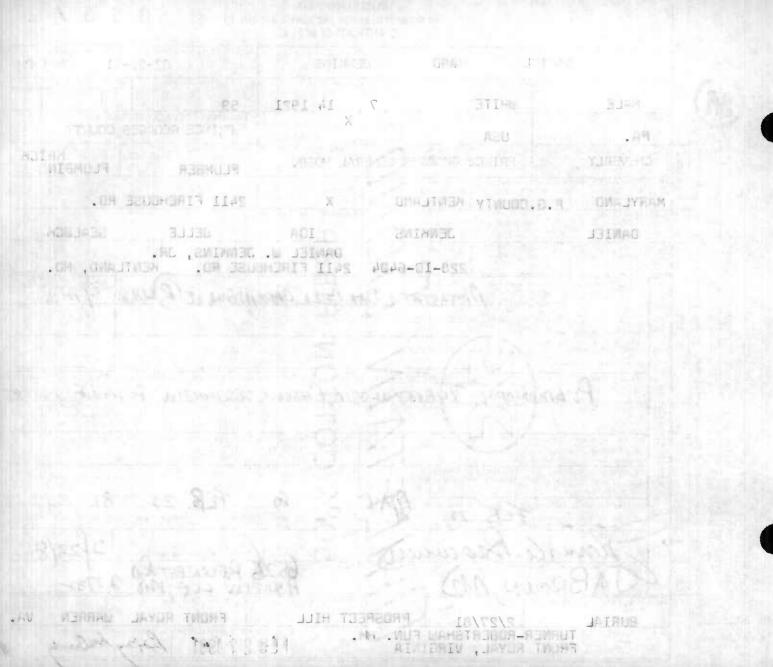
	1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	REG.	NO.	5	Ö	/ 0	
		CEASED NAME FIRST ELSIE	WIDDLE	L	AST	20. DATE OF DEATH		DAY	YEAR	26 HOUR	
		ELSIE	I	U	IACKSON		02	03	81	1 P. M	
1	3. SE	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE	R I YEAR DAYS	IF UNDER 24 HRS.	
)		emale	Black	Ma	y 8, 1907	73	YRS		DAIS	HOOKS MIN.	
6	(	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR  USA	8. MARRIE WIDOWE	D NEVER MARRIED D	PRINCE	_		ATH	MD.	
14	(	CHEVERLY	PRINCE GEORGES	SING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  None					
35	IJa S	STATE 136. COU	OR OTHER INSTITUTION GIVE RESIDENCE BEF NTY 13c. CITY OR TO Crict Heights	NWC	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRES		c Mi	11 F	Road	
OC.	14 F.A	Thomas Harro	MIDDLE LAST		Addie Ni	chols			LAST		
		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? IVE WAR OR DATES)	CURITY NO.	Mrs. Zeola	6 Brairwe Bryant-	siste	Orive er-	e−La Ma	aurel, aryland	
			inly one couse per line for (o), (b), ED BY: ATE CAUSE (o) DOSS/I	ond (c).) b)c S	epsis			F	211	have interval haves	
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	c Ken	al Failure			C	1+4	ems	
9	CERTIFICATION	PART 2 OTHER SIGNIFICANT OPERALC Items 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	ralized	delitation	200 AUTOPSY?	20b. IF Y	YES, WERE	FINDIN	U 10	
9		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF IN	JURY IN ITEM 1	18, PART I OR	PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	CE, FARM, ETC )	21f. LOCATION STREET	CITY OR	TOWN	col	UNTY	STATE	
		22a. I certify that (I) (this hosp	pitol) attended the deceased from	CI	d that in (my) (our) opinion	death occurred on the	date and h	19 8		hot (I) (we) last causes stated	
		27b. SIGNATURE	Vall			MEDICAL ST	TAFF SICIAN []	22	DATES	4/8/	
1		22d PHYSICIAN LIAM (TYPE) STOULN,	Pallak		4700 Auth	PLACE	CAM	PSF	RIN	65	
	14	Burial ( //	Feb. 7 78	1 Ha	EMETERY OF CREMATORY		over,	Mary	/lar	nd state	
	1100	tewart Fune	cal Home-4001	Benn	ing Road, NE	198 V REGION	UP 25 C PE CO	ETRANSI	HOHERE	RE	

STATE OF MARYLAND





6		1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH		<b>O</b>	5 6	1 2
pe pe			CEASED NAME FIRST DAN		WARD		ENKINS	2a. DATE OF DEA			ноия 4:30РМ
ge 4 moy	)	3. SE	MALE	4 RACE WHITE		5. DATE C	F BIRTH OAY YEAR 14 1921	6. AGE (IN YEARS)	YRS.	MONTHS DAYS H	FUNOER 24 HRS HOURS MIN.
deoth. Page	15		RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	what country?	WIDOWE		PRINC		S COUNTY	MD,
201 is after oby the filed with	notified.		TY OR TOWN OF DEATH CHEVERLY	PRINCE	E''GEORGES	o GENE	RAL HOSP.	12a USUAL OCC (TYPE OF WORK FOR	MOST OF WORKING LI	12b. KIND OF E INDUSTRY PLUMB	KHICK ING
.AND 21:	31	13a S	RYLAND P.	AE OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW KENTLAN	/N	13d. INSIDE CITY LIMITS?	2411 F	RESS IREHOUS	E RD.	
MARYI ed with impletel	160	14. FZ	THER'S NAME FIRST  DANIEL	MIDDLE	JENKIN	IS	15. MOTHER'S MAIDEN I	BE	LLE	SEALO	ICK
BALTIMORE, cate be execut ysicion and co	medical		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES	. ARMED FORCES? S, GIVE WAR OR DATES)	16b. SOCIAL SECU		"DANTEL W 2411 FIRE	. JENKINS HOUSE RD.	, JR. KEN		TE INTERVAL
RECORDS, 201 W. PRESTON ST.  Iow requires that the death cert or so been signed by the attending overnit. Then please remove corbon re prior to buriol, cremation, or res	s ony injury, or other troumatic	CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SONIFICA  19a. DATE OF OPERATION	DUE TO, OF	TUBIA	ENCE OF  DEATH BUT	Λ	C OBSTRUZ 200 AUTOPSY	20b. IF YE IN CERTIF	JUMAUNT2 S, WERE FINDING FYING CAUSES OF	F DEATH?
SION OF VITAL PHYSICIAN: The ending physicion this certificate h e burial-tronsit p	ed or Item 18 show	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	F DEATH HOUR A./ NINER) P./ 21a. PLACE C	M. MONTH D. M.	19	216. HOW INJURY OCC				NO
ALOR ATTENDI the hospital or ALDIRECTOR: A letached for use ite Dept. of Heol	uT: If Item 21 is mork	<	WHILE AT WORK	e on FER	22 192		d that in (aux) (our) opini DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF		
TO HOSPIT etained by TO FUNER should be controlled by with the Ste	MPORTAN	6	TABRO	OWN N	n	9	22e ADDRESS	26 BELLIATTIVILL	EMS	20782	-
0000°0	5		BURIAL, CREMATION, REMO (SPECIFY)	2/27/			EMETERY OR CREMATOR	23d. LOCATIO CITY OR TO FRON	NWO	WARREN	STATE VA.
DHMH-16 30M 2/8	10	24 FI	INERAL DIRECTOR TURN		TSHAW FL	IN. H	25a.	P 9 7 1001	TRAR 256 PEGIS	TRAR'S SIGNATUR	(E



3	١,	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 5 5 7 3											
		REGISTRAR CEASED NAME FIRST	MID	DLE		CATE OF	DEATH	20. DATE OF	REG. NO		DAY YEAR	26 HOUR	
72 E		GRAI	Y F. JENKINS				14.07112.01	0:		5 81	11:00PA		
(man)	3. SE	X .	4. RACE	5. DATE OF BIRTH			6. AGE (IN YE	ARS LAST BIRTH	DAY)	IF UNDER I YE.	AR IF UNDER 24 HRS		
(MI)		ale	Caucasia		Jul	y 21	1915	65	E CITY OF	YRS			
: :70		rth Carolina						Prince Georges MD.					
86	10 CI	TY OR TOWN OF DEATH						120. USUAL OCCUPATION Type of work for most of working life) Tencing 12b. KIND OF BUSINESS INDUSTRY Private				OF BUSINESS OR	
be so	JJ5U,	linton AL RESIDENCE (IF NURSING HOME OF TATE 135 COUR	OTHER INSTITUTION GIV	Marylar VE RESIDENCE BEFORE LA CITY OR JOW	ADMISSION)		CITY LIMITS?				-		
ESS	Ma	ryland Aphe		Lothiar	ì	YES 🗌	NO 📋		oone	s Mo	bil I	Estate	
0.20	I4 FA	THER'S NAME Edwin	MIDDLE F	Jenkir	าร		'S MAIDEN NAM	AE	WIDDLE		Gold	LAST	
dicol	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	S SOCIAL SECU	RITY NO.	17 INFORM	Artidaugh	iter)	891	6 Si	meon	Court	
Z medico	Y	es				Eliz	zabeth	Snide	r Up	per		boro, MD	
novol.	. 87	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:  CANCEL OF ALOSTATE								BETWEE	EN ONSET AND DEATH		
ofic ev		1850 IMMEDIA		S A CONSEQUE		1 100	-31111/2					2	
traumotic		Conditions, if any, which gove rise to immediate											
l, crem other		couse (a), storing the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF											
buria ny, or		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
inje -	ATION	ANSIMA GUICEANIA  196 DATE OF OPERATION 126 CONDITION FOR WHICH OPERATION WAS PERFORMED 1260 AUTOPSY? 1266 IF YES, WERE F									VA/EDE EINT	Distorcione	
shows only	CERTIFICATION	THE DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED				OKMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES □ NO□ YES □ NO□					
I & Ca		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			Y YEAR	21c. HOW II	NJURY OCCURR						
or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	1111		19	211. LOCAT	ION						
marked or	ME	WHILE OT WHILE OF AT WORK		FACTORY, OFFICE, F	ARM, ETC)	STREE			CITY OR TOW	N	COUNTY	STATE	
Healt is ma		22a I certify that (I) (this property)		0	34		. 19_8]	, ta	212	6		, that (I) (he) last	
ept. of Item 2]		sow the deceased alive on 2/2/19 , and that in (my) (see) opinion death accurred an the date and hour and from the causes stated above, (I) (see) (did not) view the bady after death.  The SCHARTIRE DEGREE											
- <del>-</del>	7	M MD ATTENDING MEDICAL STAFF 2/26/81											
with the State		2 I PHYSICIAN'S NAME (TYPE O	R PRINT}			22e ADDRE	SS				141	2,01	
IMPO	00 0	P. Wisotsky,	M.D.	102			xon Hil	1 Rd.,		Hill	, Md.		
	Bu	URIAL, CREMATION, REMOVAL SPECIFY) <b>Pial</b>	2/28/8	Ce Ce	dar 1	4111	Cemete	Si Si	itla	nd	P.G.	STATE	
M 2/80 T	24 FL	INERAL DIRECTOR		0633 01	d Al	exand	er Fer	POD ROE	ATRAR 2	Sb. REGIST	RAR'S SIGN	ATURE	
) Te	1	Funeral Home	, Inc.	Linton	, MD	207	35 MAR	2 19	81	ring	y/Kel	reade	

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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SEX   A RACE   SOLITE OF BRITH   SOLITE OF BRI						Ν .	20. DATE OF DEATH			
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Machine   Mach	C	CHEVERLY	PRINCE GEORGES	GENERA			(TYPE OF WORK FOR MOST	TON OF WORKING	LIFE) INDUSTRY	U.S.
James Peter Johnson Gusta — Peterson  66 WAS DECEASED EVER IN U.S. ARMED FORCES?  106 YAS DECEASED EVER IN U.S. ARMED FORCES?  107 YES, OOR WAS DECEASED EVER IN U.S. ARMED FORCES?  108 SOCIAL SECURITY NO. 17. INFORMANT Helen D. Johnson — Ct., Iothian, Mag. 200  118 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  128 PART 1. DEATH WAS CAUSED (o)  129 DUE TO, OR AS A CONSEQUENCE OF  130 LINE OF DEATH (Enter only one couse per line for (o), (b), and (c))  140 LINE OF DEATH (Enter only one couse per line for (o), (b), and (c))  150 LINE OF DEATH (Enter only one couse per line for (o), (b), and (c))  151 LOCATION OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  150 LACEDENI WAS UNDERLYING ONE (AUSE OF DEATH OF ALL OF AUSTRALIA)  151 LACEDENI WAS UNDERLYING ONE (AUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FERRIF READING) CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FERRIF READING) CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FERRIF READING) CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FERRIF READING) CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FERRIF READING) CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FERRIF RECION) OFFICE FARM ETC.)  171 LOCATION OFFI WIDE CALLERANMEN (FIRE RECION) OFFICE FARM ETC.)  172 LOTHER WAS UNDERLYING OFFI DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  172 LOTHER WAS UNDERLYING OFFI DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  172 LACEDENI WAS UNDERLYING OFFI DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  173 LACEDENI WAS UNDERLYING OFFI DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  174 LOW INSTITUTE OR ON THE CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  175 LACEDENI WAS UNDERLYING OR ON THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  176 LACEDENI WAS UNDERLYING OR ON THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  176 LACEDENI WAS UNDERLYING OR	13a. S	id. Ann	Lothi	OWN	YES 🗌	NO X	64 ways	on's	Mobile	Court
TOTAL OF CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF PART 2 OF PAR		James Pe	ter Johnson			Gusta	MIDDLE			son
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DHMH-16 30M 2/80 (VRA 15, 4)

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Richard A. Coleman-Upper Marlboro, Funeral Home Maryland 20870

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR - STATE

24 FUNERAL DIRECTOR

George R.

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	GIENE 8 1 0 5 6 7 8
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rithin 24 hours	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION! UNTY 13C CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS
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A PAND A		Ronald		W.	Keiser		Char		J.	H	lupper	t	
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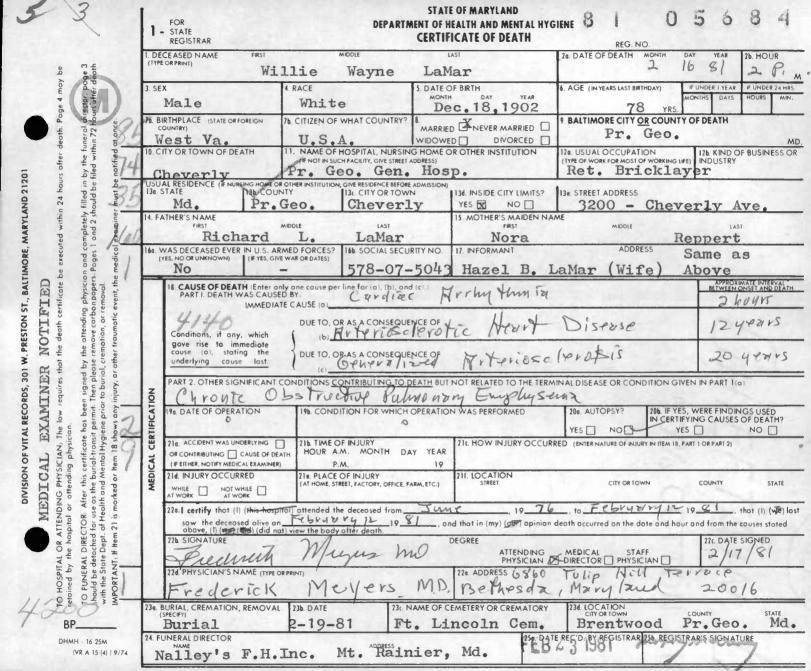
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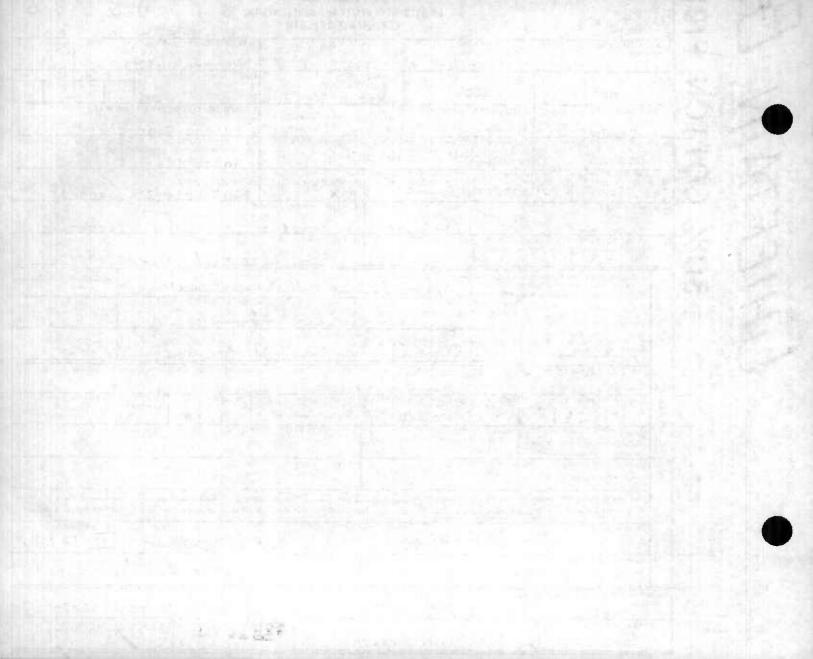
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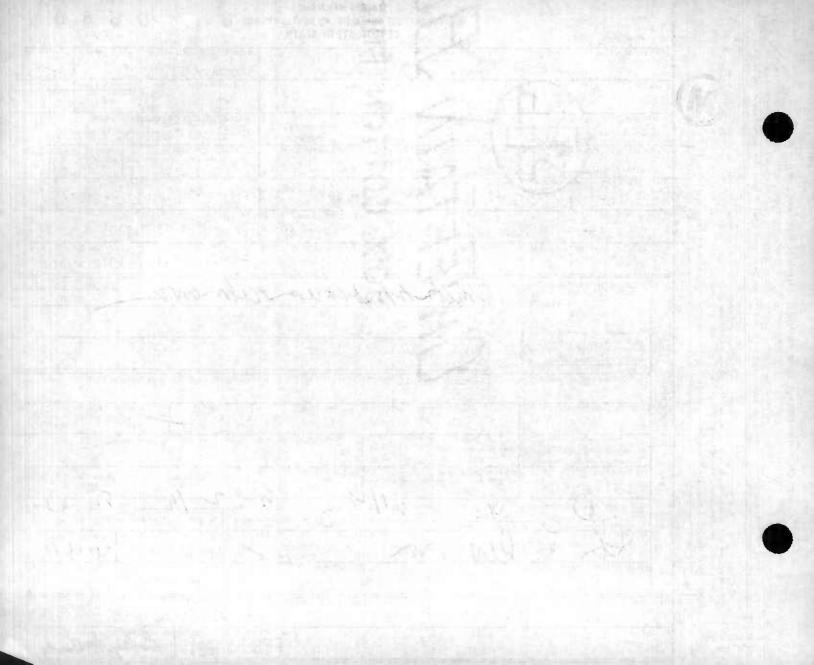
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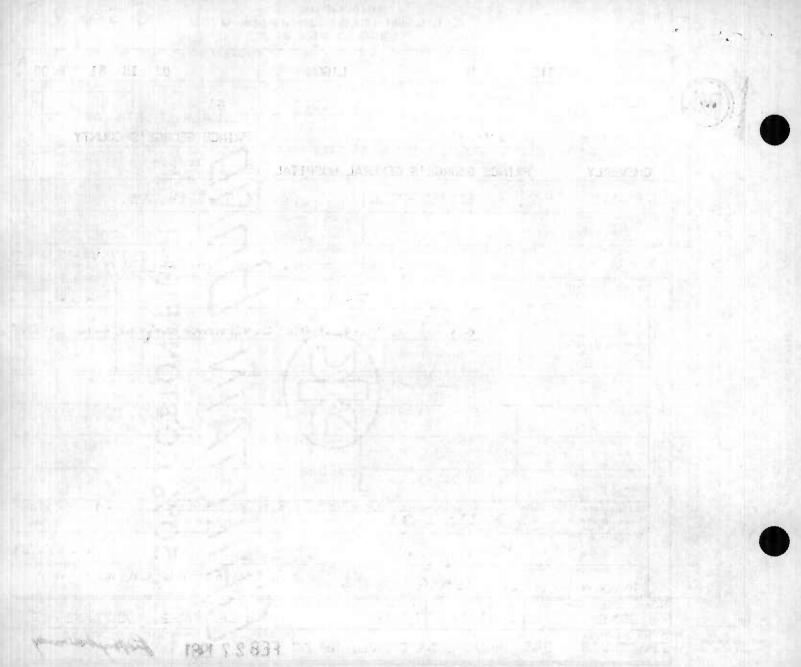
phenomena, is referred they . ere in close to a later and 13215 the alime of herapers of all ... 12 /2 2/2 ... Fester & Mercural of Luis V East BREIN & few 131 herrent Lane Sig 18. 

Nem le OF A COLUMN STATE OF THE STATE The evaluation of the state of Money . Devile, D. T. Tongorer, M. A PERSONAL PROPERTY OF THE PRO 2/2//01 | 8000000 | 101.000000 | 10/10/2 

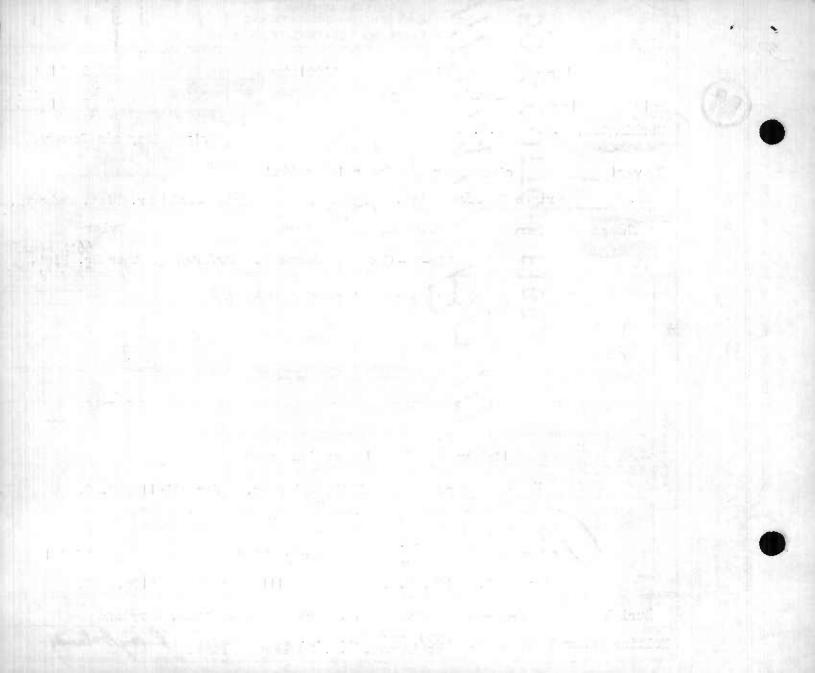


	1.	STATE REGISTRAR				CERTIF	CATE OF DEATH	REG.	NO.			
-		CEASED NAME	FIRST	MIDDLE		υ	AST	20. DATE OF DEATH	MONTH	OAY	YEAR	26 HOUR A
		В	ESSIE	M			LIGON		02	18	81	6:00 m
)	3. SE	FEMALE		4. RACE BLACK		5. DATE O	F BIRTH -29-1919	6. AGE (IN YEARS LAST I	BIRTHOAY)	MON	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
77	70. B	RTHPLACE (STATE OR I	REFOREIGN 76. CITIZEN OF WHAT COUNTRY?			8 MARRIED WIDOWE	NEVER MARRIED	9. BALTIMORE CITY PRINCE GE	OR COUN	O YTV		MD
74		TY OR TOWN OF DEA	ATH	(IF NOT IN SUCH FACIL	LITY, GIVE STREET	G HOME O	AL HOSPITAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOST SEAMSTRE		G LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
35		AL RESIDENCE (IF NURS	13b COUP P.	OTHER INSTITUTION GIVE RI	ADENSI		138. INSIDE CITY LIMITS?	4259-585	h AV	/E.		
lot	14. FA	THER'S NAME JAMES		WIDDIE	HEADI	ΞN	15. MOTHER'S MAIDEN NAME FIRST ADDIE	MIDDLE			JOHNS	SON
e medicol		vas deceased ever ves. no or unknown) NO		E WAR OR DATES)	44-20		BARBARA L	ADD IGON (Dau	1	91 er)	/LANE	
V (2111)		18. CAUSE OF DEAT PART I. DEATH W	'AS CAUSE	lly ane cause per line le D BY: TE CAUSE (a)	or (a), (b), and	110.1 12 T	Failure					MATE INTERVAL ONSET AND DEATH
		Canditions, if any gave rise to improve (a), static underlying cause	nediote ig the last.	DUE TO, OR AS	a conseque	NCE OF	workelated to the term			4		
y impory.	TION					y H						
2	CERTIFICATION	190. DATE OF OPERA	TION	196 CONDITION	FOR WHICH	OPERATION	N WAS PERFORMED	YES NO	IN CER	YES [		OF DEATH?
9		? In. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DE	HOUR A.M.		Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	IURY IN ITEM	18 PART	T OR PART 2)	
Juneau or	MEDICAL	21d. INJURY OCCUR	ILE []	21e, PLACE OF IN (AT HOME, STREET, FA			211 LOCATION STREET	CITY OR	NWOI		COUNTY	STATE
3 1 7 1 15 mg		220.1 certify that (1) (this haspital) attended the deceased fram 12-26-, 19-80-, to 2-18-, 19-80-, that (1) (we) los saw the deceased alive an 19-80-, ond that in (my) (aur) opinion death occurred on the date and hour and Irom the causes stated above, (1) (we) (did) (did not) view the body after death.										that (1) (we) lost causes stated
= He		226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D										
MPOKIANII		MAHW		LLAN B	AIG		3418 FOR	TWENDER	1,0	AV.	REL	'wij
2	23a I	BURIAL CREMATION,	REMOVAL	236. DATE 2-21-81		ARMON	EMETERY OR CREMATORY Y	LANDOV	ER,	MAI	RYLAN	ID STATE
	FF	AZTER'S	- 38	9 RHODE	istani	O AVE	NW DC FE	B 2 7 1981	R 25b. REC	J87RA	R'S SIGNAT	L'andy

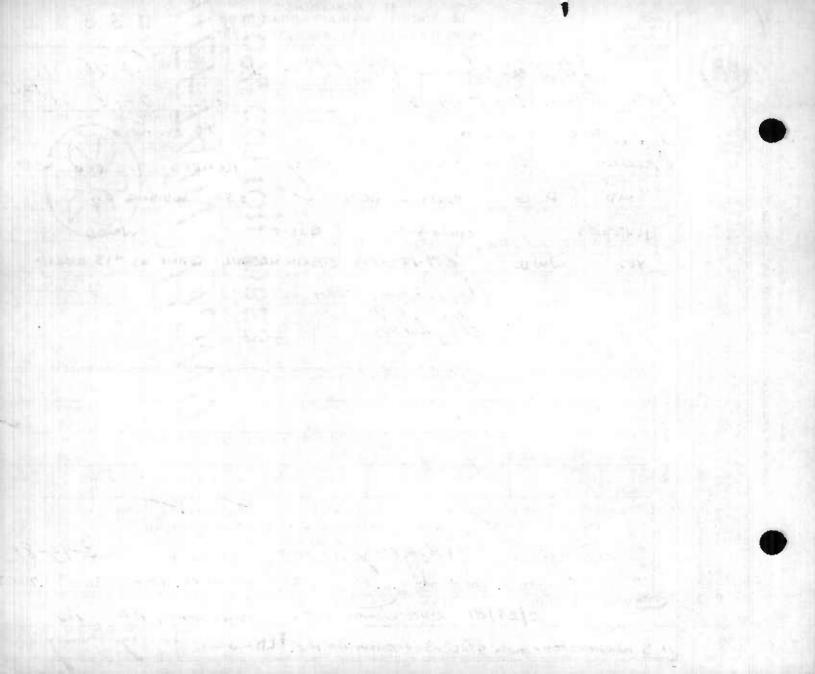
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	FOR	DEDADTA	STATE OF	MARYLAND	HYCIEÜE	5	n	100	4 9	1
1-	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 5 0 9 1  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG, NO.								
	ECEASED NAME FIRST	WIDDIE		LAST		DATE KNOW	N N M	ONTH D	AY YEAR	7b. HOUR
Solvin SE	PE OR PRINT!	Antho	nv	Littleton		OF ESTI-		2	5 1981	M
3. SE		5 DATE OF BIRTH	6. AGE (IN YEARS IF U		ER 24 HRS. 2c.		MÖ		AY YEAR	2d HOUR
a N	Male Black	109-28-40 YEAR	LAST DEPHIDAY) MON	THS DAYS HOURS	MIN. PRO	DEAD		2	5 1981	12:45
7o. 8	PRESIDENCE ISTATEOR PRESIDENCE. D.C.	76. CITIZEN OF WHAT COUN	TRY?	IED NEVER MAR	RIED 4	Prince	_	100	County	
74	Chever I v	11. NAME OF HOSPITAL, NUR (IFNOT IN SUCH FACILITY, GIVE ST Prince George	REET ADDRESS)		12a USUAL	OCCUPATION TOF WORKING LIFE	Y (TYPE OF V	ORK 12b	KIND OF BU OR INDUST	USINESS
USU 13a.	IAL RESIDENCE HE IN NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE	DEFORE ADMISSION) OR TOWN Lst. Heigh	1134 INSIDE CITY LIMITS?	13e STREET	ADDRESS	n.	<b>D</b> : 1	** *	
2	FATHER'S NAME	ice Georges Di	ist. neign		6614	Ronald	Dr.	Dist	. Hel	ghts.
60	Thomas L		leton 1	IS. MOTHER'S MAII Marie	DEIN INAME	WIDDLE		Tyle	r LAST	
160.		war or dates]	80-3394	Thomas	L. Litt		fath	er)D	r Dis	s. Md.
CREMATION, OR REMOVAL.	PART I DEATH WAS CAUSE IMMEDIA' Canditions, if any, which gave rise to immediate couse (o) stating the under- lying cause lost.	DBY: E CAUSE (o) Shotgun  DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	SEQUENCE OF	chest & ab	domen				APPROXIMAT BETWEEN ONS	
SEMATI	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH RUT NOT RELAT	EO TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (a)					
MEDICAL CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION V	VAS PERFORMED?				2	0. AUTOPSY	77 NO 🗆
C SE	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c H	OW INJURY OCCUR	RED LENTER NATI	IRE OF INJURY IN IT	EM 18 PART 1	OR PART 2)		
3 3	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH 11:20 XX 2	5 19 8	subject sl	hot					
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY STREET, FACTORY, FARM, ET  yard	C.I	ocation street 13 Poplar 1	Dr. F	oresti	vlle,	COUNTY P. (	Э.,	STATE
		e af the remains described obo	Suicide	Inspect Inspec	, Undeterm	Inquiry	<b>_</b> ,	ATE GNED	2/6/81	
NAME OF THE PART O		omas D. Smith,		ADDRESS	l Penn		Balto		D.	
	BURIAL, CREMATION, REMOVAL 2		ame of cemetery of	Park		löver,				STATE
	oltins Funeral I	lome, Interess 4339	Hunt Pl.	C. 200 E	E REC'D. BY RE		GISTRA	R'S CIGN	URE	



4		FOR				AND MENTAL HYGI	ENE	0 5	5 9 2
1		STATE REGISTRAR	M	EDICAL EXAMI	NER'S C	ERTIFICATE OF D	EATH REC	G. NO.	
1 (A)		CEASED NAME FIRST	rses O	Tames M	AC,	KALC IR	20. DATE KNOW OF ESTI- DEATH MATEL		S 10 X/
000 F	3. SEX		S DATE OF BIRT	Y YEAR LAST BIRTH		DER 1 YR. IF UNDER 24 HI		2-18	DAY YEAR CHIQUR
NECESSARY UNECESSARY S FOR YOU WITHIN 72		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF	A.	8. MARRI WIDOW	ED NEVER MARRIED [	- Prince	George	OF DEATH
The sales	6	NOR TOWN OF DEATH	THAME OF HE	OSPITAL, NURSING HOAD FACILITY, GIVE STREET ADDRESS	ener		USUAL OCCUPATION FOR MOST OF WORKING LIFE RETIRED	1	KIND OF BUSINESS OR INDUSTRY
- 21201 F ANY DEL AND 3 TO RETAIN PE PHOULD BE RECORDS,	USÜA 13e. S	L RESIDENCE (IF IN NURSING HOME ATE	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISS. 13c. CITY OR TOWN FAIRMEUNE		13d INSIDE CITY LIMITS? 130.	STREET ADDRESS	SON RD	
E, MD STH. I SATH. I SATH. I		THER'S NAME FIRST		MACKALL		15. MOTHER'S MAIDEN NA	AME MIDDLE	Woo	LAST
REALTIMOR RES AFTER DE 3. GIVE PAGE WITH FORM F. PAGES I A DIVISION OR	16a. V (Y	(AS DECEASED EVER IN U.S. AR S, NO, OR UNKNOWN)   IF YES, GIVE YES	WAR OR DATES	160. SOCIAL SECURI 579-12-3		ERSKIN MACKA		RESS #13	ABOVE
L RECORDS, 201 W. PRESTON ST., I ULD BE EXECUTED WITHIN 24 HOUR: "PENDING" IN PENCIL IN ITEM 18. EP MEDICAL EXAMINER ALCING W ED AS A BURIAL-TRANSIT PERMIT. HEATH AND MENTAL HYGIENE, DIAL, CREMATION, OR REMOVAL.		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE  MMEDIA  Conditions, if any, which gave rise to immediate cause (a) stating the under lying cause last.	TE CAUSE (a)  DUE TO, (b)	ardioney	OF	thy			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 2 LD BE EXECU PENDING" II AEDICAL ED ASA BURIL FEATTH AND FEATTH AND CREMATIO	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	TH DUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PART 1 (g)			
F VITAL RE SHOULD WORD "PE HE CHIEF M DE USED / DE USED	CERTIFICATION	196. DATE OF OPERATION	196 CON	DITION FOR WHICH OPE	RATION W.	AS PERFORMED?			20. AUTOPSY?
DIVISION OF VITAL RE BY: THIS CERTIFICATE SHOULD TE, WRITING THE WORD "PEI REWARDED TO THE CHIEF M R: PAGE 3 SHOULD BE USED A R: PAGE 3 SHOULD BUSING OF HEA E STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURIAL, C	MEDICAL CER	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216. INJURY OCCURRED	DEATH P	OF INJURY  .M. MONTH DAY YEA  .M. 19 E OF INJURY (ATHOME.	R	OW INJURY OCCURRED (EN	ITER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2}	
DIVI DIVI THIS CE WARDEI WARDEI PAGE 3 STATE DE	ME	WHILE NOT WHILE (	STREET, F.	ACTORY, FARM, ETC.)		TREET	CITY OR TOWN	COUNTY	Y STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE APOGE 4 SHOULD BE FORF TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		ACTUAL SIGNATURE JULGA	aral causes .	Accident . s Hodryce	Autaps	Hamicide Un TITLE (SPECIFY) D. Deputy	Inquiry I, determined manner [	ond in my opinio , DATE SIGNED ►	2-19-81
TO ME EXECU- PAGE TO FU BALTIM	23 B	(TYPE OR PRINT)AURUS	23b. DATE	drigudz M.D		ADDRESS 5009 Ray	LOCATION	amp Spri	ngs Md. 2003.
3/90_		INERAL DIRECTOR	2/24/8			NAT'L. CA	BY REGISTRAR 256	P.G.	MD.
DHMH-17 (VR A15 ME (5)) 15M 2/80	H.	5. WASHINGTON	- Sews 4	125 BURROW	ILHS A	wew.f.tEB4	2 1201	The	Crony



		STATE OF MARYLAND	5°6 6 1	· ** / ** **
8 1 - FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	3 5 5 9 3
1. DECEASED NAME FIRST	MIDDLE	LAST	24. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT)  John	Harold Martin		Feb. 15.	1981
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
Male	Negro	Feb. 1, 1939	42 YR	S.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	Prince Georg	
Cheverly	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Prince Georges		12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  Mechanic	126 KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME) 130. STATE 13b. CC  Maryland  P.	OUNTY 130 CITY OR TON	READMISSION) VN \$13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2105 Orchard P	
14. FATHER'S NAME	J. Danidove	15. MOTHER'S MAIDEN NA		+•
FIRST	Martin Sr.	Floss	MIDDLE	Mathews
16g. WAS DECEASED EVER IN U.S.			ADDRESS	110 OLIC ND
	GIVE WAR OR DATES)	alon Bentudes		
No.	anly one cause per line far (a), (b), a	3492 Beatrice		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CA	JSED BY: ha Un n	RDIAL INFARCT	10N	1000015
4100	TATE CAOSE (0)			
Canditions, if any, which	DUE TO, OR AS A CONSEOU	JENCE OF		
gave rise to immediate	DUE TO, OR AS A CONSEQU	IFNCE OF		
underlying couse last.	(c)	7.1.1.2.01		
	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
190. DATE OF OPERATION	LIST CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
S E INC. DATE OF GLANTON	17.00.00.00.00.00.00.00.00.00.00.00.00.00		YES NOT	RTIFYING CAUSES OF DEATH?
190. DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY IN ITEM	
	DEATH	DAY YEAR		
(IF EITHER, NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
WHILE ONOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE	FARM, EYC.) STREET	CHTOKIOWN	STATE
	aspital) attended the deceased fram	2-5 19.81		
saw the deceased alive	7 - 12	and that in (my) ( pinian	death accurred an the date and	hour and fram the causes stated
17h. SIGNATURE	THOS VIEW THE BODY OTHER DEOTH.	DEGREE		224. DATE SIGNED
Laur	rence datu	MAN) ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3-13-8
274 PHYSICIAN'S NAME (1	PE OR PRINT)	22e. ADDRESS		
	/AL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
(SPECIFY) Burial	Feb. 20, 1981	Harmony Mem Park	Landover Landover	COUNTY STATE
24 FUNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 25b. RE	
Robert G. Maso	n. Inc. 1661 Good	Hope Rd., S.E. MA	R16 1001	in the salvery

John Mirold arvin dels terro test 1, 1939 tels ..... Annuac perced control Chrystly Pales on an Octavily 1080. Langingd F.G. Lendover W. wit 12105 Ordered Mi. John stold fortings. Floreis to the control of the colution SQLE-Stanga A CONTRACTOR OF THE SECOND Burisl Leb. 18, 1981 Hammony Ham ork Lendover, Md.

cobert C. Maron, and. 1661 Good Mone Md., S. CAR 1 8 200 Kingspublishing

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				WEL		EXAMINE		FICATE C	OF DEAT	Н	REG. NO.			
	I. DE	LEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST		20.			MONTH	DAY YEAR	26 HOUR
ASE JRS.				id	Wayr	ne	McCain			DEATH M.	ATED	2	161981	M
当日 立	3. SEX		4 RACE	5. DATE OF BIRTH	YEAR				R 24 HRS. 2c.	DATE		MONTH	DAY YEAR	2d HOUR
≥ 300 M 311	M	ale	Black	8 30	55	0.5	MONTHS DAY	S HOURS	MIN. IPR	DEAD	:D	2	16,081	2:10
SETTE	70. BI	RTHPLACE (51		76. CITIZEN OF WH	AT COUN		MADDIED []	NEVED MADE	150 P.	BALTIMOR	E CITY OR	COUNTY		1 1 1
D. S. C.				USA						Prince	a Gao	raote	Count	
SE SE SE			OF DEATH	11. NAME OF HOSE		RSING HOME,			12a. USUAL	OCCUPAT	TON (TYPE O	F WORK 12	& KIND OF BI	JSINESS
PAGE 8	Che	everly		Prince Ge	HITY, GIVE S	STREET ADDRESS)	ral Hos	nital	FORMOS	T OF WORKING	G LIFE)		OR INDUST	RY
23 TO 88 TO 8	USUA	L RESIDENCE		OR OTHER INSTITUTION, GIV	E RESIDENCE	BEFORE ADMISSION	1 01 1105	pilai						
Y SEE SEE					13c. CITY					ADDRESS				
SH SH				ce Georgi	5	Cheve								
HESS !		FIRST		MIDDLE	-	LAST		FIRST	EN NAME	MIDDL	LE.		LAST	
00540				BHED CODCECO							ADDRESS	1 2 2		
ON SECTION OF THE SEC	(YE	S, NO, OR UNKNO	WN) (IF YES, GIV	E WAR OR DATES)	100.500	CIAL SECURITY								
SAP					<u></u>		Joh	n Ful	ton	F/H	209 3	s. s	econd	St.
		18 CAUSE OF	F DEATH (Enter o								1		APPROXIMAT BETWEEN ONS	E INTERVAL T AND DEATH
AL FENT		Call			lul † i	ple Gu	nshot W	ounds						
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SELT SELVE		couse (o)	stoting the under		AS A CON	SEQUENCE OF								
ON SEE		lying cou	se lost.	(c)										
A A B B A B A B A B A B A B A B A B A B		PART 2 OTHER STO	MIFICANT CONDITION		UT NOT RELA	LTED TO THE TERMEN	AL DISEASE OR COND	ITION GIVEN IN PA	ART Tigi.					
S A EEA	Z													
L CAMPA	F	19a. DATE OF	OPERATION	196 CONDIT	ON FOR	WHICH OPERA	ION WAS PERF	ORMED?					20 AUTOPSY	?
DE SERVICE SER	FE			-									-	NO 🗆
WO WO	E .	210. EXTERNA	L CAUSE WAS				21c. HOW INJU	JRY OCCURRE	D (ENTER NATI	JRE OF INJURY	IN ITEM 18 PAR	T 1 OR PART	A	NOL
A H L D K K	AL.	UNDERLYING	OR	HOURXXXII	HTHOM		1 6 W hou							
SH ON THE	음				F INJURY		21f LOCATION			orrce				
	¥	WHILE	NOT WHILE				STREET	near I				COUN	TY	STAJE
PACA 212		AT WORK	AT WORK	wood	eu ai	rea	<u>  Campbel</u>	I Dr.,	Suitl	and,_	Princ	e Geo	orge's,	Md.
SE S		22a. I certif	y tho1 I took chor	ge of the remains desc	ribed obo	ve, held on	Autopsy X		n 🔲,	Inquiry	J. ondi	n my opin	ion	
<b>₩</b> EBBEZE		death resulte	d from: Natu	orol couses,	Accident	L, Suici	de 🗐, Ho	omicide X	Undeterm	ined monne	er .			
AN WILD SER		A CTUAL	11.	)o 0(	0		TITL	E (SPECIFY)						
*######		SIGNATURE_	Megin	ia La	an		M.D. A	ssistar	1 MEDICA	LEXAMINE	ER	SIGNED	2/17/8	
NE STEEL	-	EY AMINED'S I	NAME VING	inia I Da	1	M D						C.I.		
A D R E E	~~	TYPE OR PRIN	II) VIrg	inia L. Do	ı an,	M.D.	ADDRES	is		111	renn	Stre	et	
5X45A4	23a.BL	JRIAL, CREMAT	ION, REMOVAL						23d LOCA	TION		COLINTY		TATE
BP				2/22/81	C	hurch	Cemete	ery	CASV	VELL	1116	000,411	N	Č.
				ADDRESS				250. DATE	BEC'D BY RE	GISTRAR	256. REGIST	RAR'S SIG	NATURE	4.
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Geo P Kalas 6160 Oxon Hill Rd Oxon Hill Md

FOR - STATE

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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	3. SEX	4 RACE	5. DATE OF BIRTH	AR LAST BIRTHDAY)	IF UNDER 1 YR.	IF UNDER 24 H	RS. 2c. DATE PRONOUNCED DEAD	MONTH	H DAY	YEAR 2d HOUR 81 2:0748
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STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 9 6
1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1. DECEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN COMMON	ITH DAY YEAR 26 HOUR
(TYPE OR PRINT) James Joseph Meltenry DEATH MATED 2	-12 1987 M
(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	
3. SEX  1. RACE  1. DATE OF BIRTH  MONTH  DAY  3-14-14  1. AGE (IN YEARS   FUNDER 1 YR.   IF UNDER 24 HRS.   12. DATE  MONTHS DAYS HOURS MIN PRONOUNCED  TO YRS.	12 10 8 10 M
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15. MOTHER'S NAME	LAST
Hugh  McHenry  Sarah  Elizabeth  Manuel Security No. 1/1 INFORMANT  ADDRESS	onaghan
Hugh McHenry Sarah Elizabeth M	311131111
160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR LUNKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 578-03-7371-A Rebecca McHenry (ab	ove address )
The WAS DECEASED EVER IN U.S. ARRED FORCES?  WES, NO. OR UNKNOWN)  Yes, OR OR WAR OR DATES)  To social Security No.  18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c).)  (Wife)	ove address/
18. CAUSE OF DEATH (Enter only one couse per ling/far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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270. I certify that I took charge of the remains described above, held an Autapsy , Inspection I inquiry , and in medical death resulted fram: Natural causes . Accident , Suicide , Hamicide , Undetermined monner , TITLE (SPECIFY)	y opinion
death resulted fram: Notural causes . Accident ., Suicide ., Homicide ., Undetermined monner .,	
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SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER SK	TE 2-/3-81
OLL 3 4 40	SNED SE / O
EXAMINER'S NAME Augusto P. Rodriguez M.D. Augusto P. Rodriguez M.D.	Carinas Md
OX 4054 ADDRESS SOOT REAL BOOK COMMITTEE CONTRACTOR CON	shrings, Mg.
CITY OR TOWN	
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to)	by the fun ed within	Pennsylvania 10 CITY OR TOWN OF DEATH GREENBELT	I W NOT IN SUCH FACILITY, GIVE STR	I WIDOWED M DNORCED DISING HOME OR OTHER INSTITUTION RET ADDRESS) al Nursing Center -	120 USUM OCCUPATION (TYPE OF WORK FOR MOSL OF WORKING LE HOUSEWIFE	Georges MD.  12% KIND OF BUSINESS OR INDUSTRY  OWN HOME
MARYLAND 213	etely filled in 2 should be fil Lexantiner mu	MARYLAND Pri	ince Geo. GREENBI	OWN, 134. INSIDE CITY LIMITS?  YES NO 1  15. MOTHER'S MAIDEN N	MIDDLE	1464
, MAI	1 and 2	HÜSTON	B. GARNER	SARAH	E. KR	ISE ""
BALTIMORE,	Pages 1	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)  217 30		ti Same as #13	
ECORDS, 201 W. PRESTON ST., le law requires that the death cert	is been signed by the attendir iit. Then please remove carbo prior to burial, cremation, or was any injury, or other traun		DUE TO, OR AS A CONSECUTION OF TOO DITIONS CONTRIBUTING TO COLOR	QUENCE OF	MINAL DISEASE OR CONDITION GIN	VEN IN PART I IOI
DIVISION OF VITAL RECORDS, IDING PHYSICIAN: The law req sttending physician.	his certificate has k urial-transit permit. Mental Hygiene pr d or Item 18 shows	180 DATE OF OPERATION  110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UF EITHER, NOTHY MEDICAL EXAMI	DEATH HOUR A.M. MONTH	DAY YEAR		S NO
VISION ING PH	After this the buri	UF EITHER NOTIFY MEDICAL EXAMINATION OF CONTINUE OF CO	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC   211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND pital or att	RECTOR: A d for use as pt. of Health Item 21 is m	22a I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did)	ospital attended the deceased from	and that in (my) (our) apiniar	to FCE 22s	
HOSPITAL OF	TO FUNERAL DIP should be detached with the State Depi IMPORTANT: If It	224 PHYSICIAN'S NAME (IV Till Bergel		220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	FCB 2 1/98/ aryland 20770
6 7 BP.		230. BURIAL, CREMATION, REMOV	1 - 1	R NAME OF CEMETERY OR CREMATORY George Washington Ce	CITY OR TOWN	COUNTY STATE Md.
	HMH-16 25M RA 15, 4) 1/79	1.0000	s Sons Funeral Maryland	ome, P.A. 25a.	EREC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE

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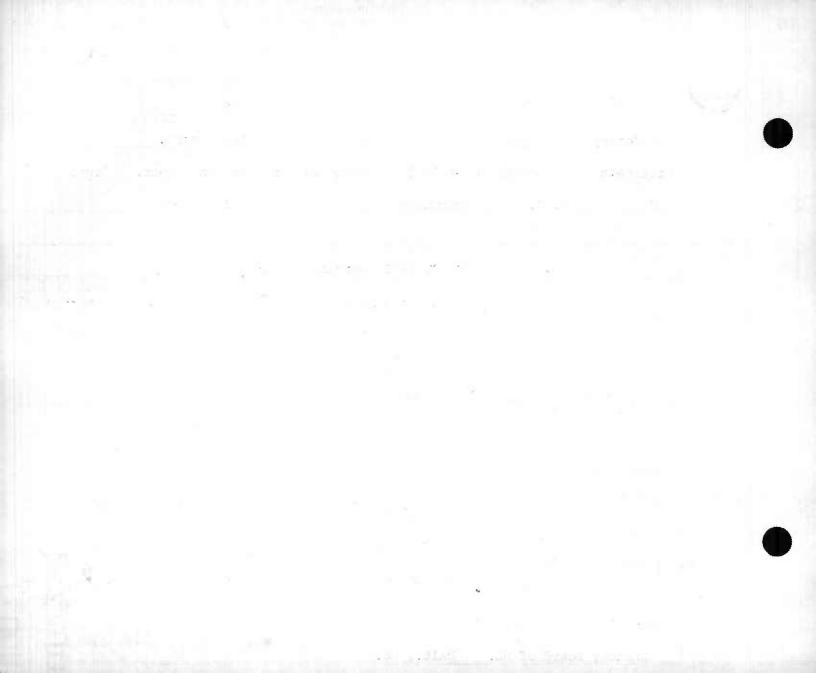
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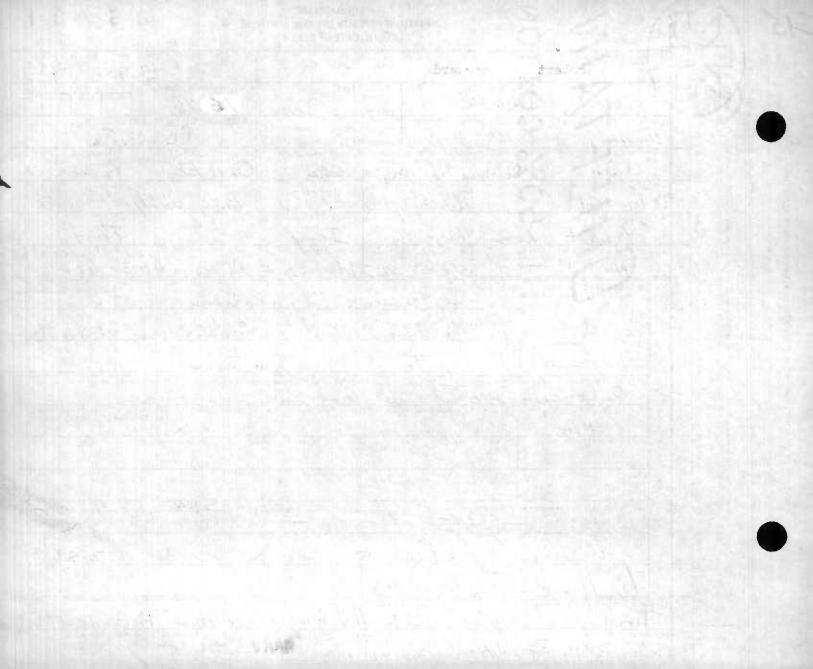
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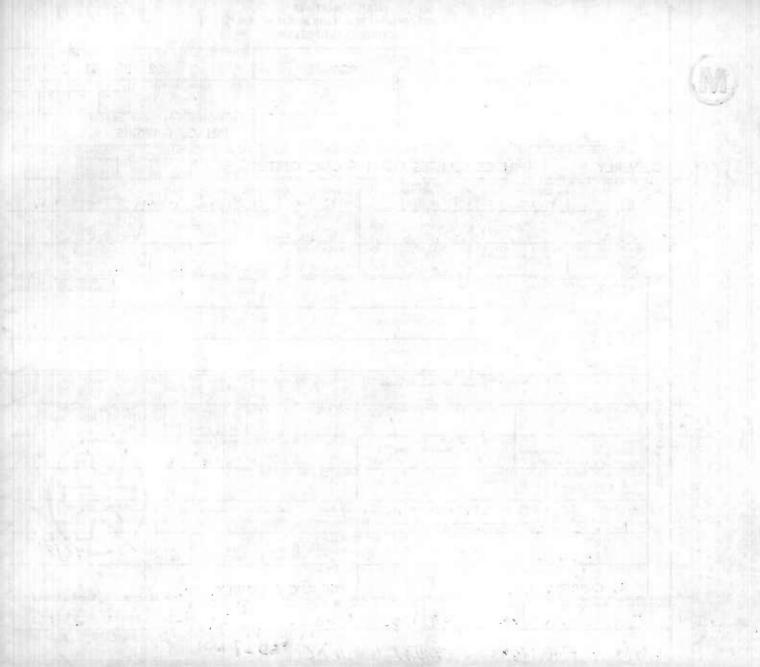
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BALTIMORE,	n ond c Poges medico		(YES, NO OR UNKNOWN) (IF YES, G	576-36-	7552 Katherine	M. Sorrell 9331 Rig	gs Rd.
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720	12		3a. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATO		county Va.
10	3P	1	Burial  FUNERAL DIRECTOR		Tag.	DWESEC'D. BY REGISTRARIES - REGISTR.	
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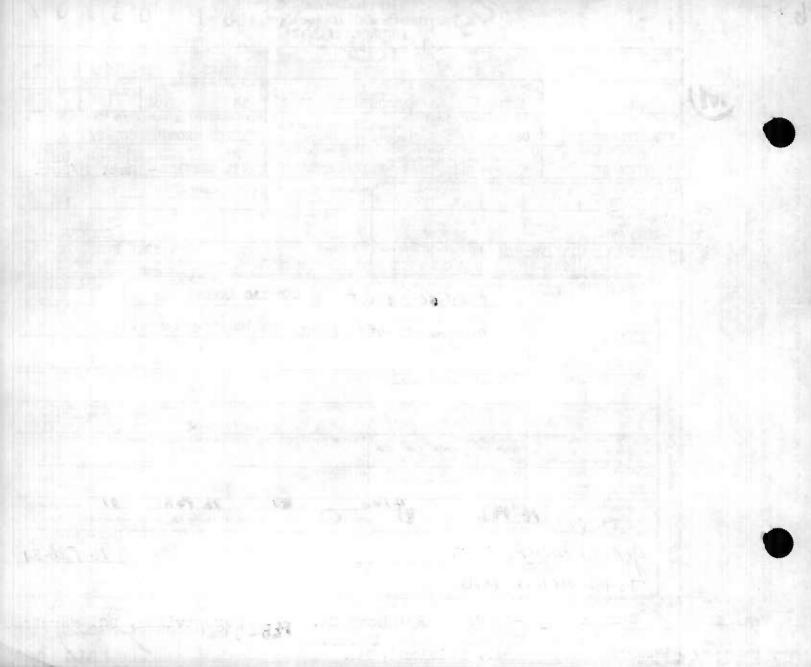
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12		STATE REGISTRAR				ERTIFICATE C	DE DEATH	G. NO.	
20025		CEASED NAME FIRST POBER	+	MURI	PHY	LAST	20 DATE KNOW OF ESTI DEATH MATE		DAY YEAR 76 HOUR
	3 SE	Tale Black	5. DATE OF BIRTH	17 6. AGE (III	THOAY) MONT	DER 1 YR. IF UNDER	MIN. PRONOUNCED	2-2-	DAY YEAR 21.74
28 AND 28	V	IRTHPLACE (STATE OR DREIGN COUNTRY) I RGINIA	U.S.A.	IAI COUNTRY?	8. MARR WIDOW	ED NEVER MARR	IED L	Seages	Y OF DEATH MD
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F ANY D RETAIN HOULD RECORD	13a. S	AL RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUNTY DRING.	OROTHER INSTITUTION, GIV NTY E GEORGE 'S	13c. CITY OR TOW	N		13e STREET ADDRESS 10216 DEFENS	E HIGHWA	1Y
RE, MD.	14. F/	ATHER'S NAME CASH D. MURPHY	WIDDLE	LAST		15. MOTHER'S MAIDI ROXIE ANN	EN NAME VA PHILLIPS		LAST
JRS AFTER DEATH. IF ANY S. GIVE PAGES 1, 2, AND WITH FORM PM 3. RETA T. PAGES 1 AND 2 SHOUL DIVISION OF WITA RECO	16a. V (Y	VAS DECEASED EVER IN U.S. AR. ES, NO. OR UNKNOWN) (IF YES. GIVE  YES WW	WAR OR DATES)	578 16 3		17. INFORMANT EMMA G MUL	RPHY 10216 DE		HELLVILLE, MD.
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	23a.B	URIAL, CREMATION, REMOVAL 2	3b. DATE	23c. NAME OF	CEMETERY O	R CREMATORY	23d LOCATION		
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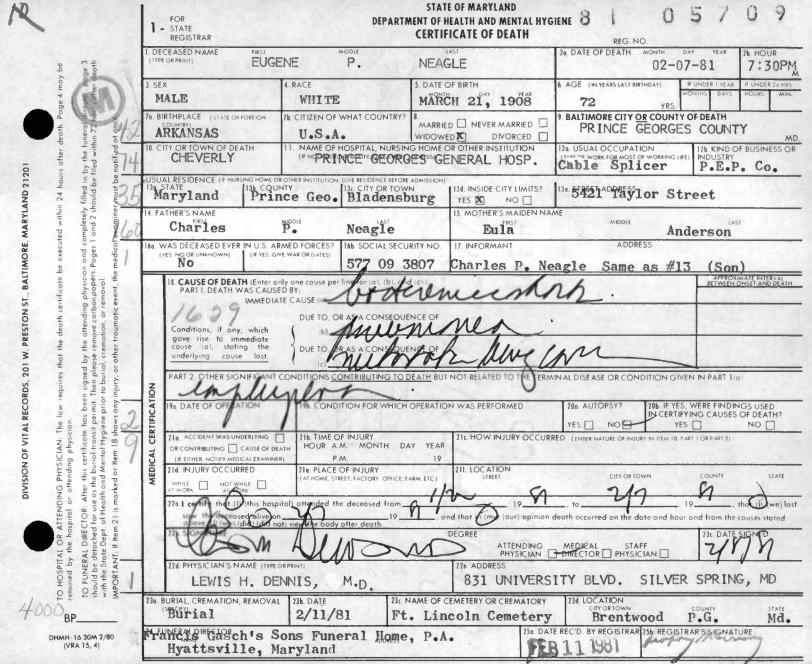


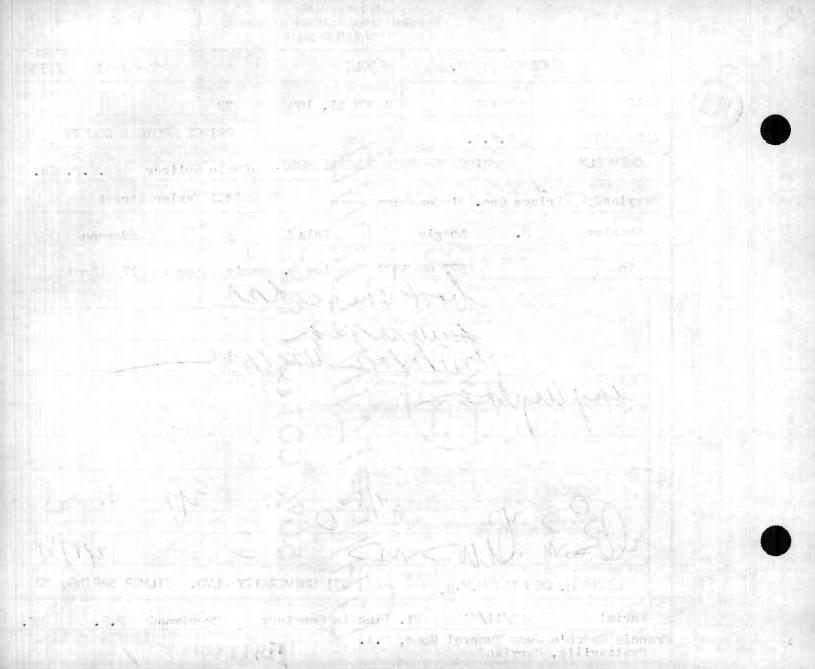
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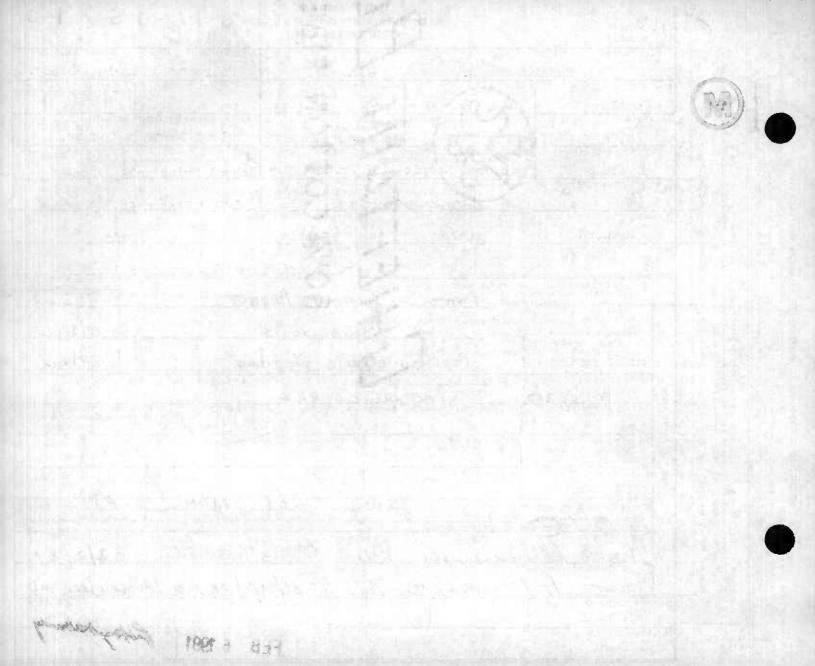
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	ge 4 may		3 SE	Male	4 RACE White	4 RACE White		eh 31, 1926	54 YRS.	F UNDER 1 YEAR F UNDER 24 HRS ONTHS DAYS HOURS MIN.
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MARYLAND 21201 ed within 24 hours offer o	rs ofter by the filed wit	84		TY OR TOWN OF DEATH  Laurel	Greater	HOSPITAL, NURSING HOME O CHEACHLITY, GIVE STREET ADDRESS) Laurel Beltsvi		ille Hosp.	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE CATPENTET	12b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
	in 24 hou ly filled in should be	36	)3a S		OME OR OTHER INSTITUTION COUNTY G	13L CITY OR TOW Laurel	ADMISSION)	13d INSIDE CITY LIMITS? YES NO	137 Trving Stre	et
	omplete	20		FATHER'S NAME FIRST Kenneth MR. Nichols LAST  15. MOTHER'S MAIDEN NAME FIRST Agnes Marie Modile Miller LAST						
BALTIMORE,	be execut	1	11	VAS DECEASED EVER IN U (IF Y	.S. ARMED FORCES? res. GIVE WAR OR OATES)	219 18		Marie Nicho	1s same as above	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS,	HYSICIAN: Iding phys its certifico burial-frar Mental Hy	9	MEDICAL CER	21a, ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d IN JURY OCCURRED	OF DEATH HOUR A. MINER) P.  21e. PLACE	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F	19	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT I OR PART 2)  COUNTY STATE
DIVIS	OR ATTENDING PREPARED OF CONTROL	12 12 18	~	WHILE NOT WHILE AT WORK  22a I certify that () (this saw the deceased all above. () (wé) (did) ()  22b. SIGNATURE			1	ad that in (m/) (our) opinion DEGREE	death accurred on the date and hour	ond from the couses stated
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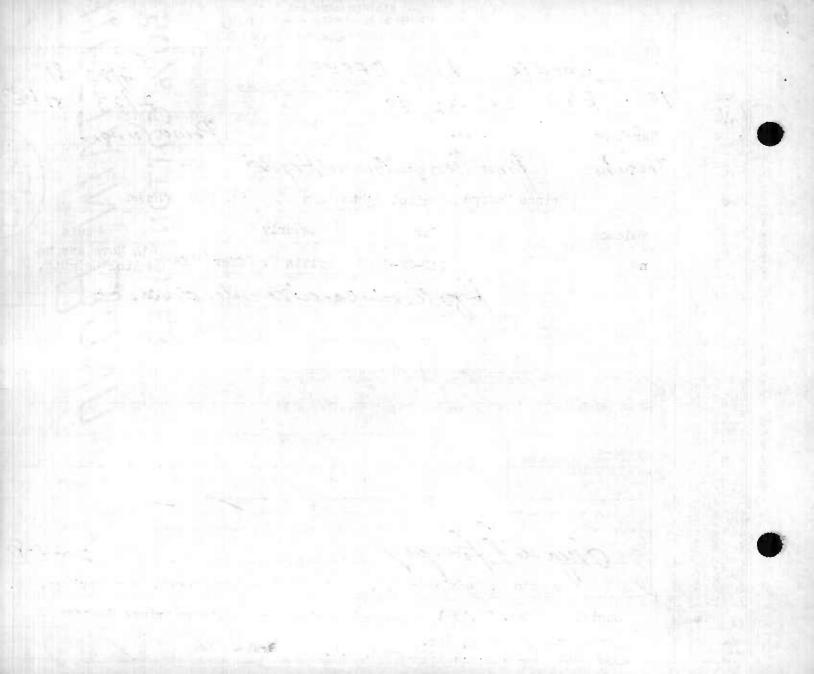
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Cunningham Funeral Home, Inc.

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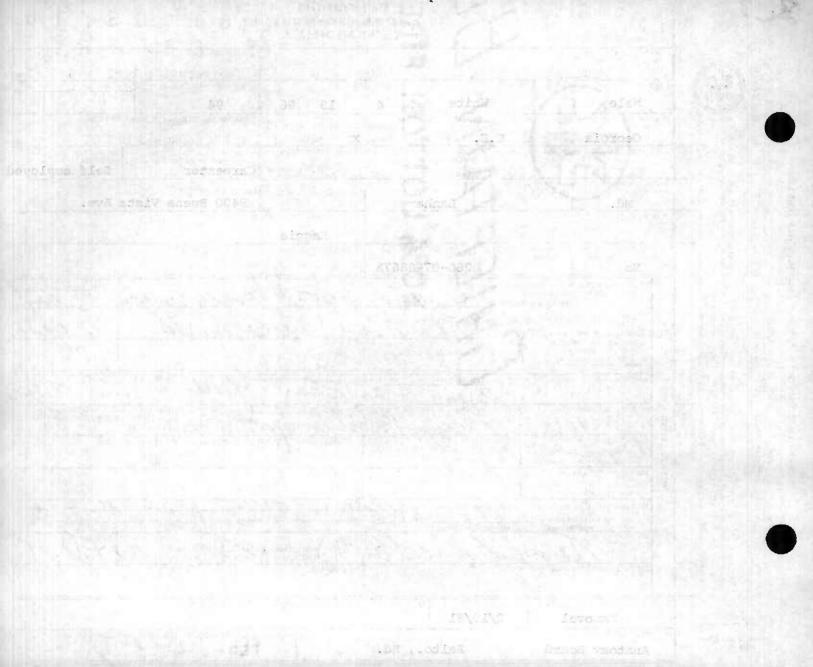
6	FOR	STATE OF N DEPARTMENT OF HEALTH		5/14
	- STATE REGISTRAR	MEDICAL EXAMINER'S	2	
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RETAIL SHOULD SHOULD SHOULD FECORE	MD 136. COUNT Princ		13d INSIDE CITY LIMITS? 13a STREET ADDRESS Avenue	e
ORE, MD.	4. FATHER'S NAME FIRST Solomon	Offer Offer	Beverly	Davis
N ST., BALTIMORE, A HOURS AFTER DESCRIPTION OF WITH FORM PERMIT. PAGES 1 AN ERM. PAGES 1 AN EINE, DIVISION OF WAL.	60, WAS DECEASED EVER IN U.S. ARM (YES, NO, OR UNKNOWN) (IF YES, GIVE W		Sylvia T. Offer/Wife Capi	Nova Avenue tol Heights, MD
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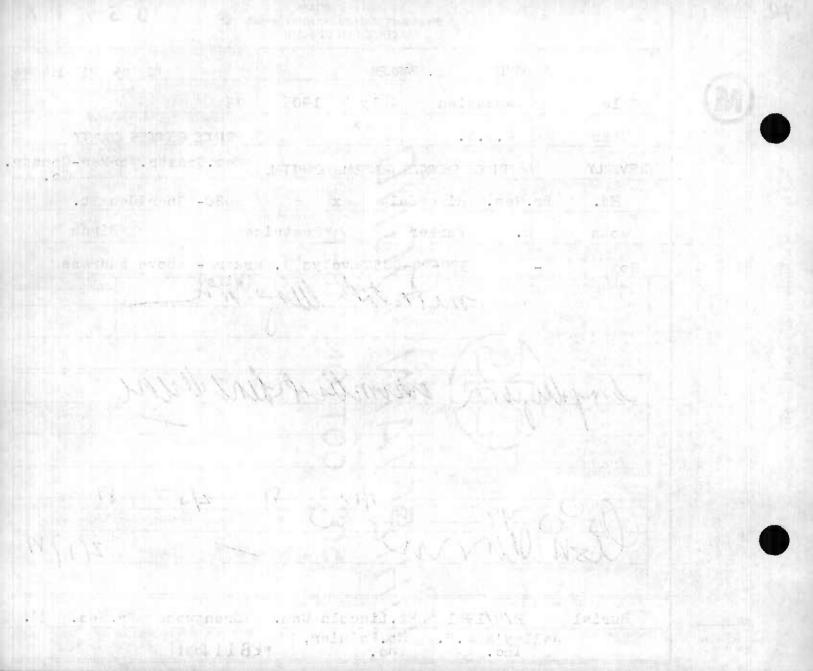
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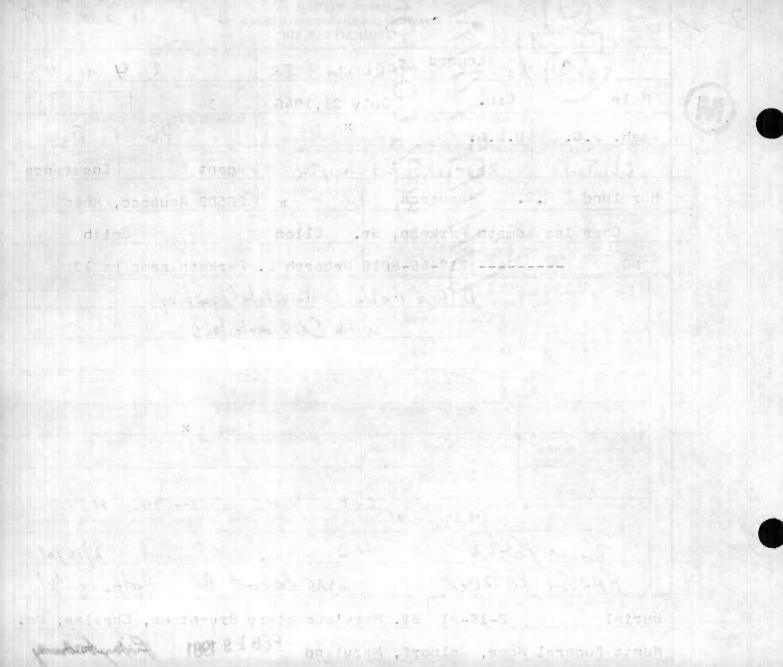
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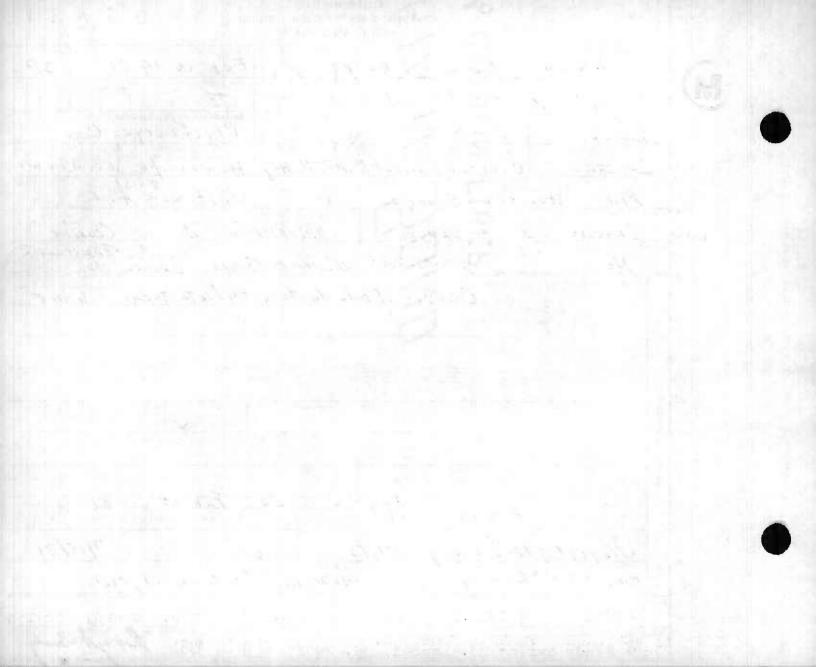
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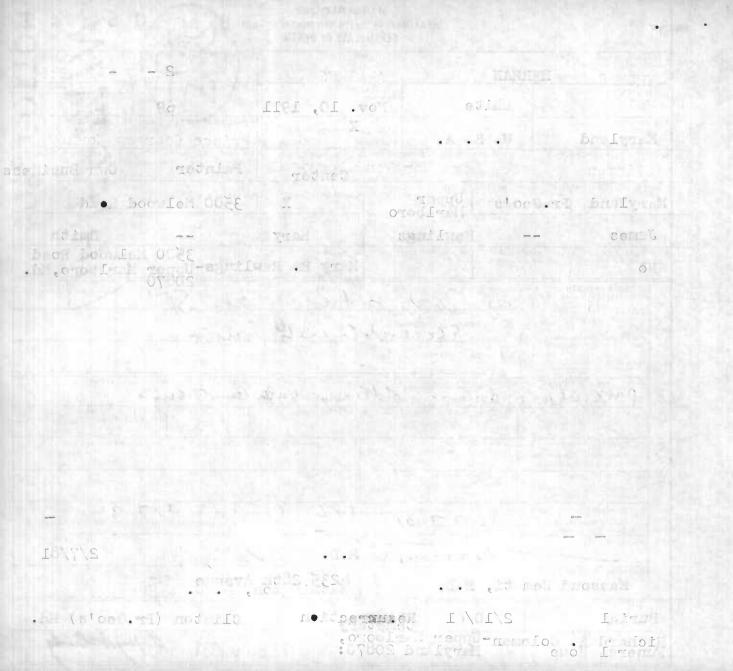
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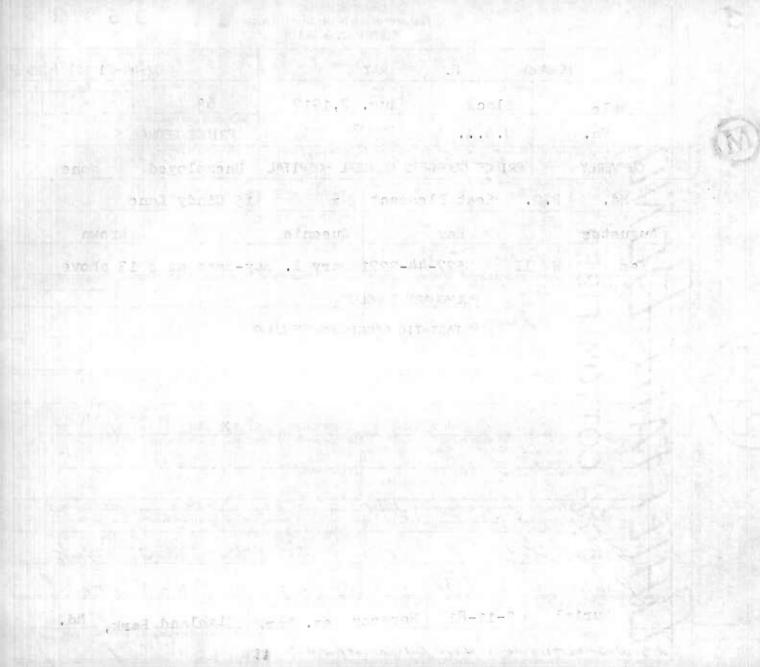
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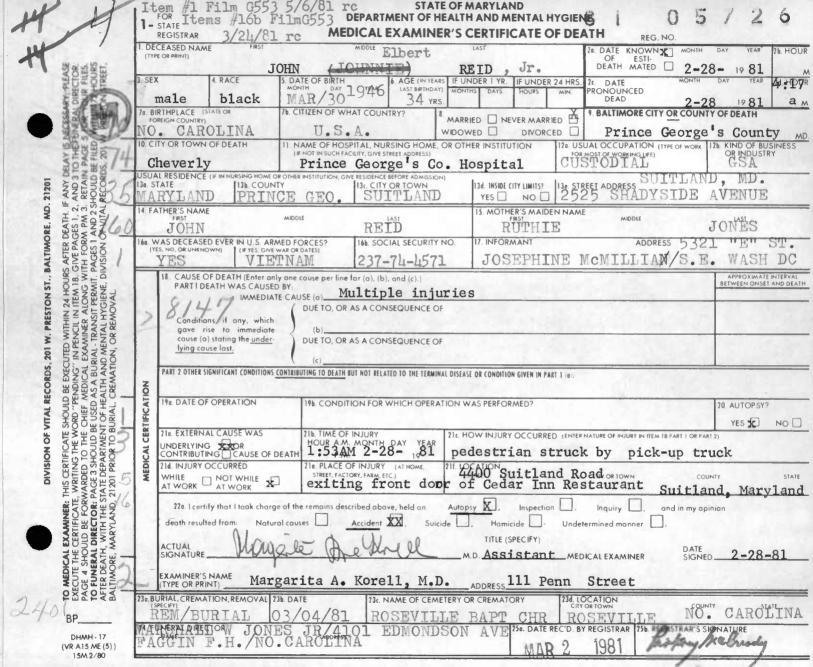
Iracj Saceghian, M.D. 9131 Piscateway Re., Clinton, Mr. Burial Feb. 4, 1981 Gite of HeavenCem Marshfielde, Wisconsin Seall Funeral Rome

16000 Annapolis Re., Bowie, Marylane

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR HERMAN -81 RAWLINGS THOMAS 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTHS DAYS HOUR5 Male White 1911 Nov. 10. 69 YPS O BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland U. S. A. Prince Georges County DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH Painter Own Business Hospital Clinton USUAL RESIDENCE (IF NURSING, NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pr.Geo s The seden. 13d. INSIDE CITY LIMITS? 3500 Melwood Read Maryland Manlhoro 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Rawlings Smith James Marv 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 3500 Melwood Road NO OR UNKNOWN) Mary E. Rawlings-Upper Marlboro, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and is PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 un modelarten acciony CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO F 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above. (1) (we) (did) (did not) view the body ofter death and that in (my (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 22h SIGNATURE DEGREE 2/7/81 M.D. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto with the Stote IMPORTANT: I 22d. PHYSICIAN'S NAME (TYPE OR PRINT) L235 28th Av Washington, 28th Avenue Massoud Nemati. M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Resurrection Clinton (Pr.Geo's) Md. Burial 2/10/81 Coleman - Upper Marlboro, 250. DATE REC'D. BY REGISTRAR 251 GISTRAR'S JONE URE DHMH - 16 50M 7/77 Maryland 20870: (VR A 15 (4)) Home







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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME KNOWN X 2a. DATE (TYPE OR PRINT) OF Corbett DEATH MATED Norman Rhue 17 1981 7:56 4 RACE & AGE (IN YEARS IF UNDER 1 YR 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED Male White 3-4-1937 43 YRS DEAD 17 198 76. CITIZEN OF WHAT COUNTRY? TO RIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY No. Carolina U.S.A. DIVORCED County Prince George's IN CITY OF TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FIER DEATH. IF ANY DEATH OF PAGES 1, 2, AND 3 TO 1 FORM PM 3. RETAIN PM GES 1 AND 2 SHOULD SHOULD SHOULD SHOULD SHOW OF AND 1 FALLEY RECORDS Cheverly Prince George's General Hospital Floor Mechanic 5309 - 85th Avenue 1136 COUNTY 13d. INSIDE CITY LIMITS? New Carrollton X Pr. Geo Md 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Wiggins Nora Stacev Rhue ADDRESS 812-Fisher St. 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. AS A BURIAL - TRANSIT PERMIT. PAGES I PAITH AND MENTAL HYGIENE, DIVISION ( CREMATION, OR REMOVAL. (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) Nora Rhue (Mother) Morehead City. 239-52-4271 Yes Korean CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Cranio cerebral injuries IMMEDIATE CAUSE (g)\_ DUE TO OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL Canditians, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION TO MEDICAL EXAMINER: THIS CERTIFICATE STANDING THE WORD "PERECULT THE CERTIFICATE. WRITING THE WORD "PERCED TO THE WORD "PERCED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED." A FIER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARMAND, 21201 PRIOR TO BURIAL, ( 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES Y NO [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXX MONTH DAY YEAR UNDERLYING X OR 1710 81 pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION MD. STREET, FACTORY, FARM, ETC. WHILE AT WORK 8300 Blk. Annapolis Rd. New Carrolltown. P.G. street Autopsy X 22a. I certify that I pale charge of the remains descri Inspection Inquiry faed above, held an and in my apinian Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL M. Deputy ChiefMEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto. MD. (TYPE OR PRINT) ADDRES 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION N.C. Gethsemane Cemetery Morehead City 2-21-81 Burial BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Mt. Rainier, Md. Nalley's F.H. Inc. (VR A15 ME (5) 15M 2/80

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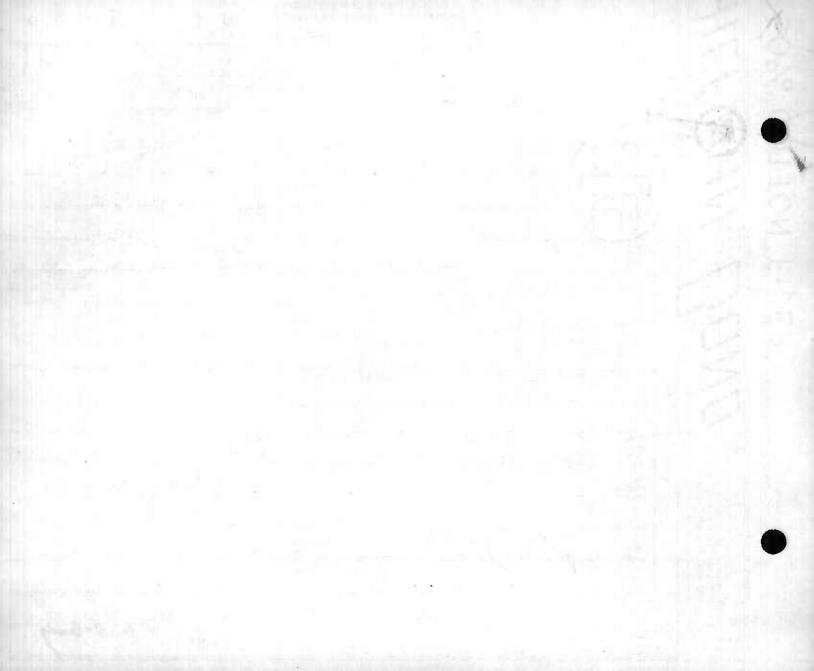
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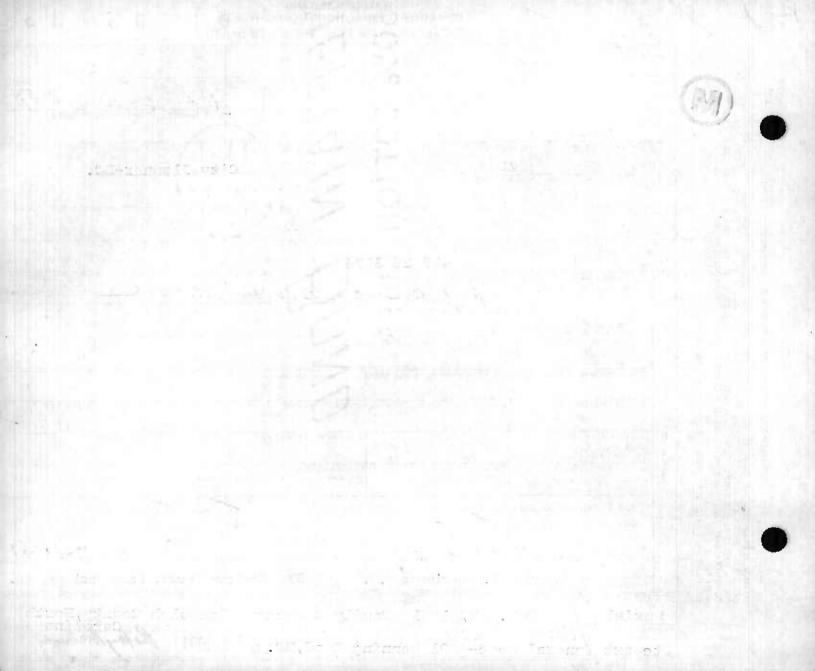
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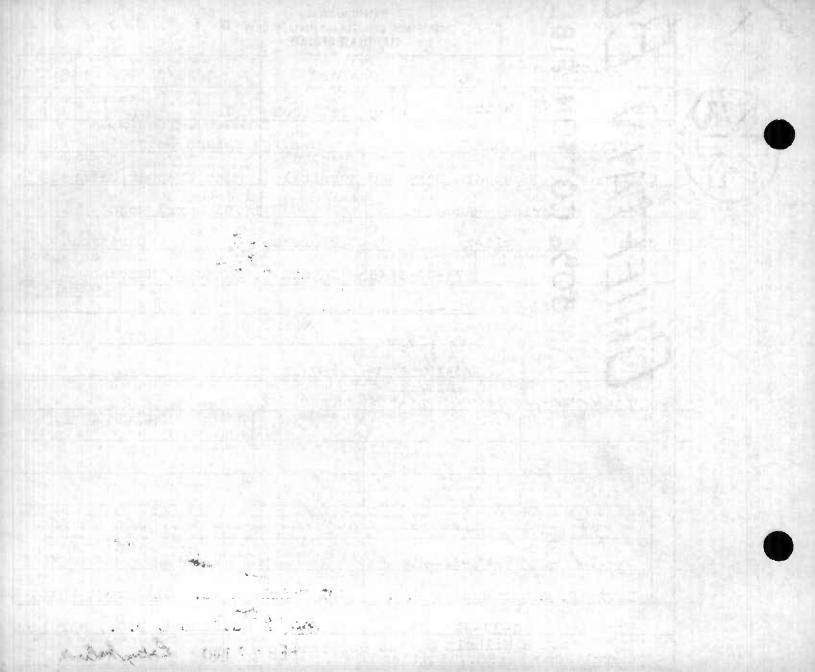
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m m			JOHN		EDWARD	ΔN	IDERSON		ET	HEL				HALI			
Q V	F PAGE F		AS DECEASED EVER		NED FORCES?	16b. SO	CIAL SECURIT	Y NO.	17. INFORA	TAANT	1.000		ADDRESS				1.77
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BALTIMORE,	URS AFTER 18. GIVE PAGES 11. PAGES 1							0	CHESI	ER_L.	RUSS	اللبائة د	228	TENN		. N.	F
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<u>~</u>	A A S A S A S A S A S A S A S A S A S A	-	gave rise ta	immediate	(b)												
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	\$E#6E\$		death resulted fram	n: Natur	al causes,	Accident	X, Su	icide	Hamio	ide	Undeter	mined man	ner .				
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNCED BE USED AS A BURIAL - TRANSIT PERMI AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEDIAL - TRANSIT PERMI BALTIMORE, MARXIAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		(TYPE OR PRINT)	MII	I M. DIXD	۰۱۰ ا	U.		ADDRESS_			renn	21.				
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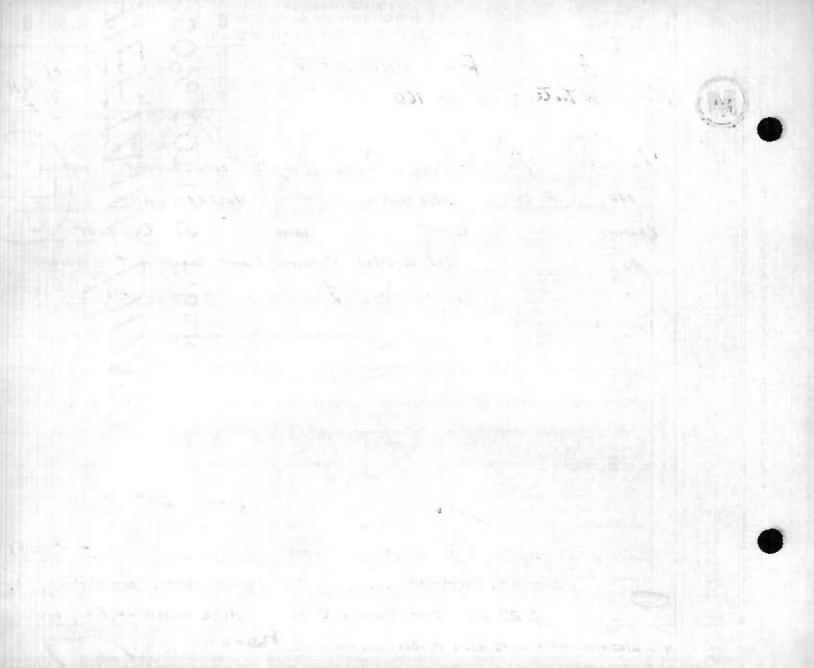


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WENT DO	1D. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS			E, OR OTH	ER INSTITUTION	12a. USUAL C	CCUPATION OF WORKING LIFE	(TYPE OF WOR	12b KIN	ND OF BUSTR	INESS Y
Apa Mar		NDREWS A		MALCOLM PR OTHER INSTITUTION, GI				AL CENTER	City	7 Plar	ner-	DC.		
AND 3 SETAL POULD	13a S	ARYLAND	136. COUN'		13c. CITY	OR TOWN	ION)	13d. INSIDE CITY LIMITS? YES NOXX	130 STREET A	DDRESS	AY ROA	AD		
MD. MD.	/	ATHER'S NAME		MIDDLE		LAST		15. MOTHER'S MAIDE	ENNAME	MIDDLE			LAST	
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		NO			415		176	JEFFREY	SANDERS	2609	KINGSV			
	12	PART I DE	ATH WAS CAUSED		for (a), (b)	and (c).)	-10	roled Van	autor	dine	el_	BETW	PROXIMATE VEEN ONSET	AND DEATH
PRESTON ST. VITHIN 24 HOU VCIL IN ITEM 1B INER ALONG V RANSIT PERMIT TAL HYGIENE, I R REMOVAL.		439	MMEDIAT	DUE TO, OR				race es - c						
IDS, 201 W. PREST XECUTED WITHIN 16" IN PENCIL IN 24. EXAMINER AI BURIAL - TRANSIT AND MENTAL HY ATION, OR REMO			s, if any, which e to immediate	(b)										
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITING THE WORD "PENDING" IN PENCIL IN ITEM 11 RDED TO THE CHIEF MEDICAL EXAMINER ALONG RES SHOULD BE USED AS A BURIAL-TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OI PROR TO BURAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).												
TAL RE HOULD TO WEEK YEEK YEEK YEEK YEEK YEEK YEEK YEEK	CERTIFICATION	190 DATE OF	OPERATION	196 CONDI	TION FOR V	WHICH OPER	RATIONW	AS PERFORMED?			40015	2D A	UTOPSY?	
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VISION VI	MEDICAL	21d. INJURY O	G CAUSE OF D	21e PLACE (		19 (AT HOME	211 100	CATION						
DIVISIO THIS CRTIF E. WRITING WARDED TO PAGE 3 SHO 21201 PRIO	ME	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACT	ORY, FARM, ET	c.)		TREET	СПҮ	OR TOWN		OUNTY	114	STATE
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= ZF-Q		death resulte	d fram: Nature	al causes	Acodon	L, Su	icide 🔲	, Hamicide .	Undetermin	ed manner	].			
CAL EX. THE CER. SHOULD REAL DIR. ATH, WI		ACTUAL	Theres	10 /	Toles	(sec)		TITLE (SPECIFY)			DAT	47	11	-0
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TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC TO FUNERAL DIREC BATTER DEATH, WITH BATTER DEATH, WITH		EXAMINER'S N (TYPE OR PRIN	IT)		odrig	uez M.		ADDRESS	ayburn		, Camp	Spri	ings,	Md.
11/01	0	URIAL, CREMAT	/ / / /		98	AMEGICE		A COMOTORY	23d. LOCAT	ndolpl	COL	UNITY	North	<sup>L</sup> h
/ T / BP		Burial	1 1 1	Feb 22,	14.90	1 Fo	TILL	remeter	REC'D. BY REG	ISTRAR 125h	E COU	arai	ina	
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	1-	FOR STATE REGISTRAR				NT OF HEALT	MARYLAND H AND MENT CERTIFICA		ATL	0 5 G. NO.	13	8
A 8 8 8 9 9		CEASED NAME	da En	ATE/OF BIRTH	WIDDLE		UHITE UNDER 1 YR. 11F L		20. DATE KNOW OF ESTI- DEATH MATE		19 19 81	2b. HOUR
(14)	F	male Bi	ACK 3	DAY				JNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	2-19	7 1981	4 M
· 35	FC	IRTHPLACE (STATE OR DREIGN COUNTRY)		U. 5		WIDO		IVORCED	FINE	TTORCOUNT	Y OF DEATH	MD.
PAGE PAGE 88 FILED 55, 201 V	C	hevelly	B	NOT IN SUCH FACE	TENS	ADDRESS )	MELLET INSTITUTION	pital	UAL OCCUPATION MOST OF WORKING LIFE HOUSEW	1)	OR INDUST	RY
PECON	13a. S	TATE	136 COUNTY	R INSTITUTION, GIV	13c CITY OR		13d INSIDE CITY LI		REET ADDRESS	MNE		
MAN PATH	1	ERAMAS	MIDE		ANTT		JAN		E.	COLB	ERT	
BALTIMO IRS AFTER B 3. GIVE PAGE WITH FORM DIVISION IN	16a. V	VAS DECEASED EVER ES, NO, OR UNKNOWN)	IN U.S. ARMED F			SECURITY NO. 6-0161	CARGLIN		T. SAME	RESS AS #1	3 Aiseve	5
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., CRRIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSTING THE WORD "PENDING" IN PENCIL IN ITEM 18 DED TO THE CHIEF MEDICAL EXAMINER ALONG WEST OF THE CHIEF MEDICAL EXAMINER ALONG WEST STANDING TO THE CHIEF MEDICAL EXAMINER ALONG WEST STANDING TO PENCIFT HAND MENTAL HYGIENE, DIPRIOR TO BURIAL, CREMATION, OR REMOVAL.	No	18. CAUSE OF DEA' PART I DEATH V  Conditions, if gove rise to cause (a) stotin- lying couse lost  PART 2 OTHER SIGNIFICAN	VAS CAUSED BY:  IMMEDIATE CAI  ony, which immediate g the under-	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEC	DUENCE OF			Vancus	Perofe	BETWEEN ONSE	
HOULD ERD "PEN "PEN "PEN "PEN "PEN "PEN "PEN "PEN	CERTIFICATION	19s. DATE OF OPER	ATION	196 CONDIT	ION FOR WHI	CH OPERATION	WAS PERFORMED	)?		20 AUTOPSY	? NO []	
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TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERA DIRECTOR: PAFE DEATH, WITH THE SI BALTIMORE, MARYLAND,		220 I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Augusto Augusto	P. Roc	Accident L	Suicide M.D.	Homicide JITLE (SPEC) Deputy ADDRESS 500	MET MET 09 Raybi	Inquiry , termined manner DICAL EXAMINER arn Court	ond in my op  DATE SIGNE	2-30	7-81 , Md.
060BP		URIAN CREMATION, I		3-81		FAMIL	-	JP.	PER HAKE			D.
DHMH - 17 (VR A15 ME (5)) 15M 2/80		NAME S. WASHING	TON+So	NS 492	5 BUR	COUCHS A	VE. N.E.	FEBA	Y REGISTRAR 25b.	REGISTRAR'S S	GNATURE	1





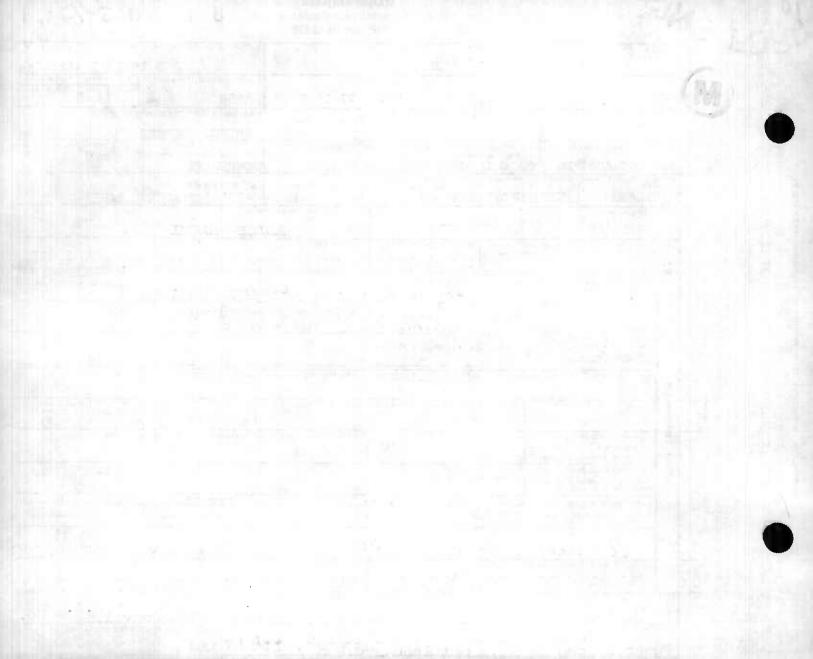
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	0.0	History and the control of		K Tarifal	

Rd., Suitland, Md

Funeral Home



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	- STATE REGISTRAR	PEI ARTH	CERTIFICATE OF DEATH	REG. NO	2 / 3 6
	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	PAULINE	J.	SCOTT	02 1	6 81 6:20A MM
H	3. SEX 4	RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female 1	Black	Jan 6,1907 YEAR	74 YRS.	MONTHS DAYS HOURS MIN
	7a BIRTHPLACE (STATE OR FOREIGN 7b COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
5	Virginia	USA	WIDOWED DIVORCED	Prince Georges	MD
0	10 CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126 KIND OF BUSINESS OR
0	Clinton So	(IF NOT IN SUCH FACILITY, GIVE STREET, Outhern Marylan		(TYPE OF WORK FOR MOST OF WORKING LIF	FE) INDUSTRY
2	MUSUAL RESIDENCE HE NURSING HOME OR OTH	HER JM\$TIJUTION, GIVE RESIDENCE BEFORE	E ADMISSION)		
3	Md. SINTE	Tand . 13c. CITY OR TOW	/N 13d. INSIDE CITY LIMITS?	3712 Deming D	r.
-	14 FATHER'S NAME	Land	15 MOTHER'S MAIDEN N	7120 20000000	
N	FIRST MIDI	DLE LAST	FIRST	WIDDLE	LAST
	Robert Jackson		Mary Jacks		
	160 WAS DECEASED EVER IN U.S. ARME	AR OR DATES)		ADDRESS Was	hington, D.C
	No	579-38-5	5820A Mary Bell	(3339 10th Pl,	S.E.
	Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost	BY: MANAGER	TO CABUNOMA OF	Q BREAST	APPROXIMATE INTERVAL BETWEEN ONSE I AND DEATH  S W 0 S
-	PART 2 OTHER SIGNIFICANT COM  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TER		S, WERE FINDINGS USED
	TEK				YING CAUSES OF DEATH?
	an communication of contraction	21b. TIME OF INJURY HOUR A.M., MONTH DA P.M.	AY YEAR 19 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18, P	'ART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH    FEITHER, NOTIFY MEDICAL EXAMINER)    VIII   IN JURY OCCURRED    WHILE	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (the same) sow the deceased alive and ve, th (we) told (did not) v	EBRIDATEY LI 19 8	, and that in (my) (our) opinio	n death occurred on the date and hou	
	726 SICNATURE	7	DEGREE		22c. DATE SIGNED

FOR

23b. DATE

23t NAME OF CEMETERY OR CREMATORY

27e ADDRES

23d. LOCATION

COUNTY

BR DHMH - 16 50M 7/77 (VR A 15 (4))

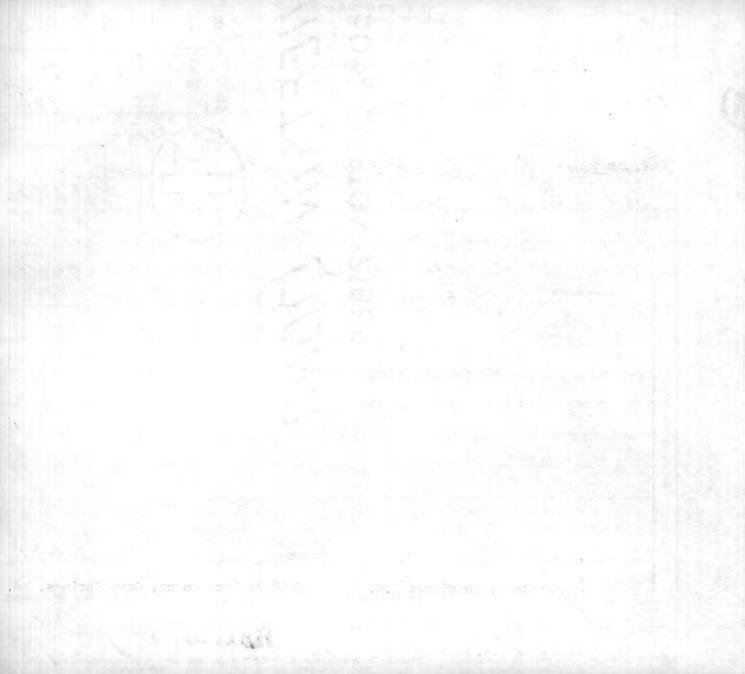
230. BURIAL, CREMATION, REMOVAL (SPECIFY) Buria] 24 FUNERAL DIRECTOR
Johnson &

Cemetery NFEB 2 7 1981 Jenkins Inc. 7756 Kennedy

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26		-	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE)	1 1 0
		1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS OF STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	43
96.0	1.49 E	1. DE	ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY OF ESTI-	YEAR 25 HOUR
PLEAS	STREET	3. SEX	EX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY	YEAR 24 HOUR
(M)	SION SION	70 BI		1981P M
<b>S</b>	15 E E E E		Tassachusetts USA WIDOWED DIVORCED DIVO	MD.
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O MEDI	AGE 4 A SETTINO ALTIMO		EXAMINER'S NAME Augusto P. Rodriguez M.D. ADDRESS 5009 Rayburn Court, Camp Spri	ings, Md.
BF		1	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN COUNTY	M STATE
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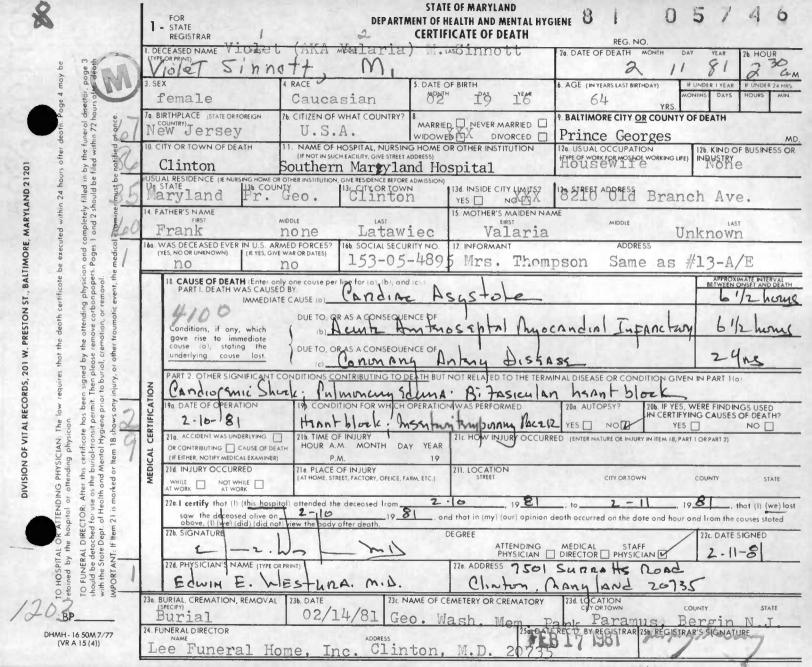
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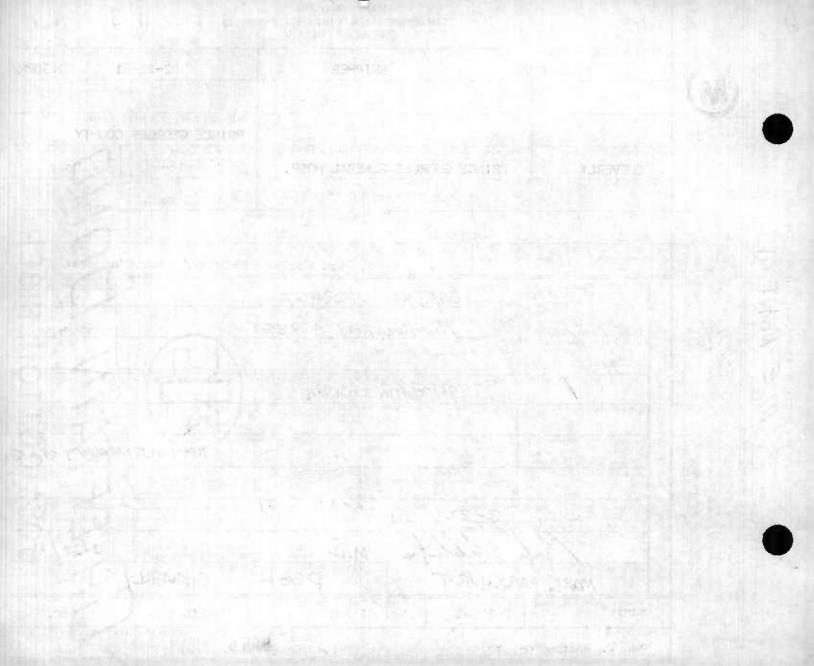
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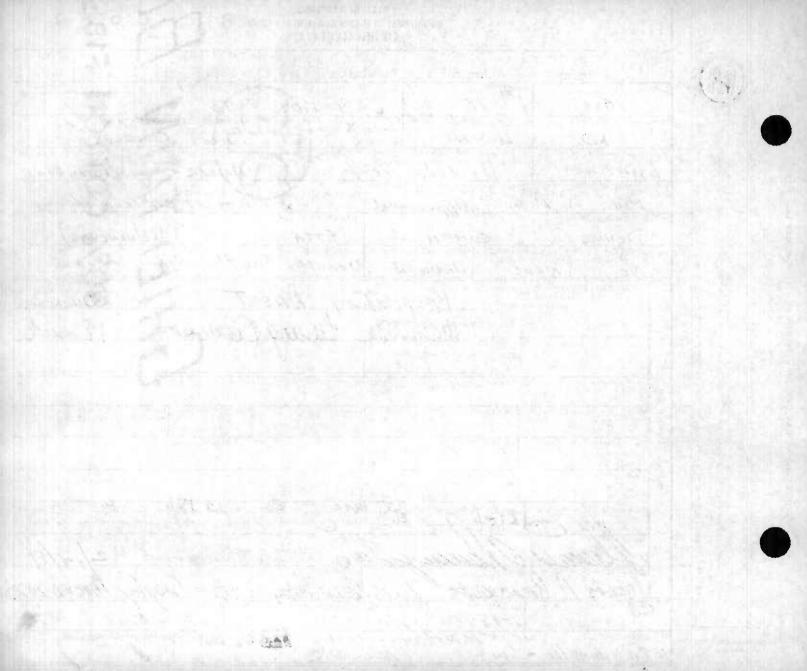
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a. DATE KNOWN TYPE OR PRINT ESTI-S. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR.
THE FORM PM. 3. RETAIN PAGE, \$ FOR YOUR RIES.
PAGES 1 AND 2 SHOULD BE FILED, WITHIN TA HOURS.
VISION OP VITAL RECORDS, 201-W. PRESTON STREET, Sr. DEATH MATED SEX 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY 20/ PRONOUNCED MILLE 1919 61 YRS March TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9: BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED KIK DIVORCED Virginia 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Prince George's Cheverly General Hospital Cook Cooking JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland P.G. Co. Hvattsville YES T NO [ 42nd Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST FIRST Smi.th Smith Daisv 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS DIVISION Beltsville (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Romlon Street Maryland 579-10-3999 None Daisy Coffin 4409 18. CAUSE OF DEATH (Enter anly ane cause per lige for (a), (b), and (c) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE, DBAILIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY with assiration IMMEDIATE CAUSE III DUPTO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES [] NO K 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Inquiry death resulted fram Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) 2-28-81 ACTUAL DATE any M.D. Deputy SIGNATURE MEDICAL EXAMINER 5009 Rayburn Court, Camp Springs, Md. EXAMINER'S NAME Augusto P. Rodriguez M.D. TYPE OR PRINT ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Cedar Hill Cemetery Suitland March ry Suitland, P.G. Co. Mar 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Maryland 24. FUNERAL DIRECTOR **DHMH-17** 198 (VR A15 ME (5)) Chambers Funeral Riverdale, Maryland Home 15M 2/80

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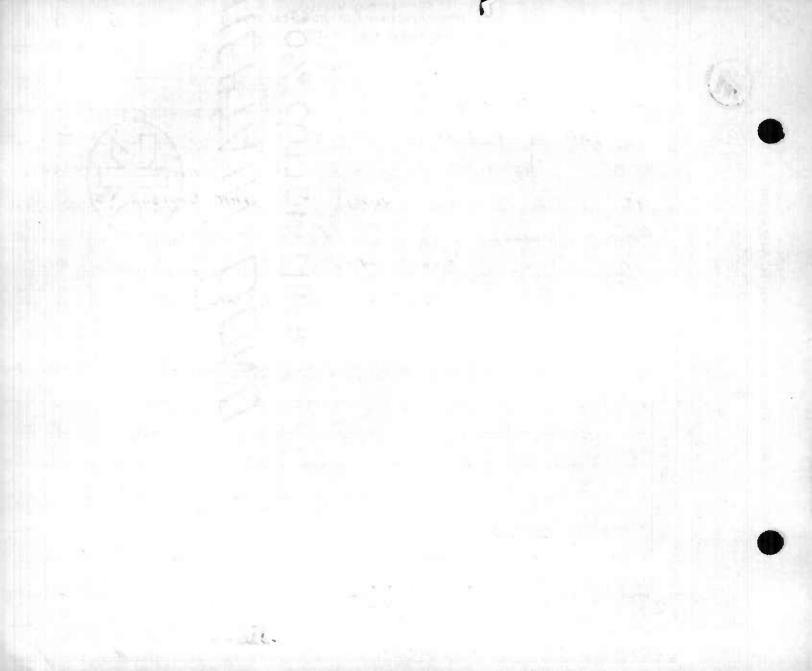
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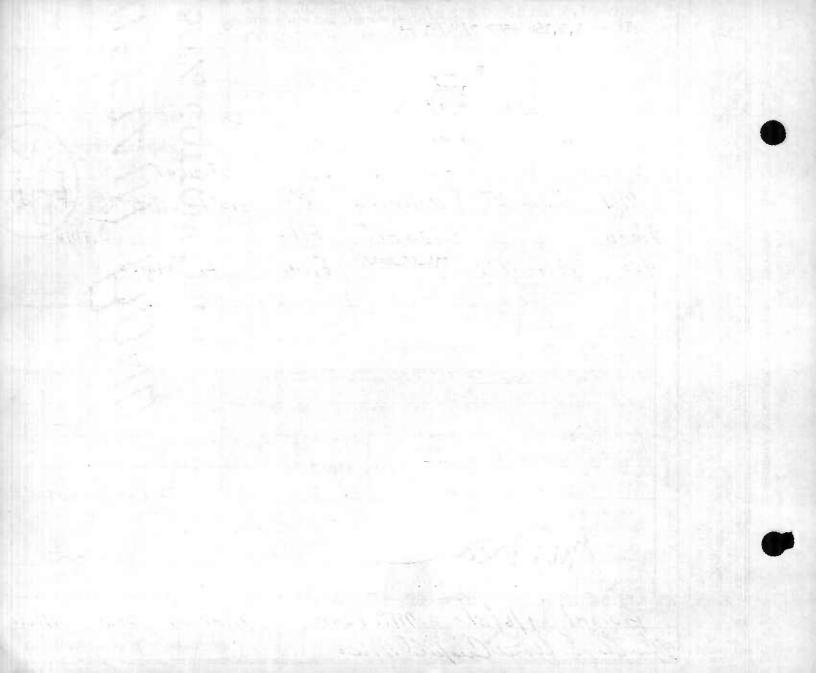
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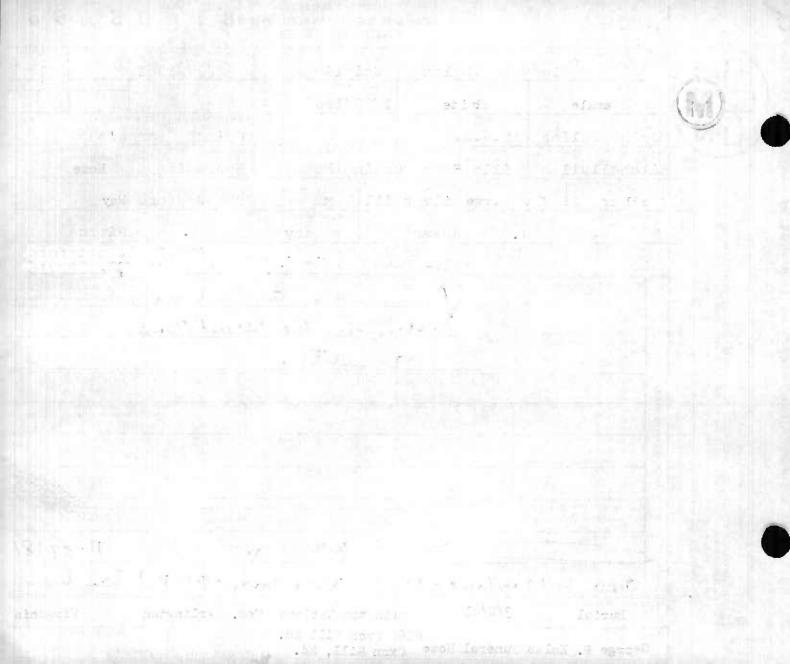
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	23 BURIAN, CR	EMATION, REMOVAL 2	3b. DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION	COUNT	Y STATE	=
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<b>\$3</b> 3	FO	REIGN COUNTRY)	14.	U	,5,	WIDOV	IED   NEVE	R MARRIED					ountv	AAD
9-	10. CI	TY OR TOWN OF DE	ATH	11. NAME OF HOS	PITAL, NURSING	HOME, OR OTH	ER INSTITUTION		USUAL OCCU	PATION (T)	YPE OF WORK	12b KI	ND OF BU R INDUSTR	SINESS
3		Cheverly		Prince Ge	orge's (	en. Hos	p. (DO	7. 4	STUG	Eigt			K 11400311	` '
DIVISION OF VITAL RECORDS, N	13a. S	ATE MA	INSING HOME OR	OTHER INSTITUTION GO	134 CITY OR TO	ADMISSIONI	13d. INSIDE CITY	LIMITS? 13e S	STREET ADDRI	ESS	4 - 4 -	13	15-	111
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14	160 V	AS DECEASED EVE	DINITIS ADAA	ED CORCECS	STEW	Arl	17 INFORMA	7	4	1	_	JA	MES	5
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ž		lying cause las			AS A CONSEQUI	INCE OF						13		
AIE		PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO DEATH !	BUT NOT RELATED TO T	HE TERMINAL DISEAS	F OR CONDITION G	IVEN IN PART 1 (a)						
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1 1	CERTIFICATION	190. DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH	OPERATION W	'AS PERFORME	ED?				20. A	AUTOPSY?	
	TIFF			-								,	YES X	NO 🗆
3	CER	210 EXTERNAL CAL		21b. TIME OF HOUR A.M	INJURY MONTH DAY	YEAR 21c. H	O YRULNI WC	CCURRED (EN	TER NATURE OF IN	JURY IN ITEM I	8 PART I OR PA	RT 2)		
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	AED	21d. INJURY OCCUP	RRED	21e PLACE C	OF INJURY (AT HE ORY, FARM, ETC.)	DME, 21f. LO	CATION		CITY OR TO			UNTY		STATE
5	•	WHILE NO.	VORK K	ro		Rt.	197	Mi	tchell				Geor	
11				of the remains desi	cribed abave, held	dan Autap	sy X, 1	nspection	, Inquiry		ind in my ap			Md.
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BALTIMORE, MARYLAND, 21201 PRIOR TO BU		SIGNATURE	MA	AXO	~	N		istant <sub>M</sub>	EDICAL EXAM	AINER	DATE	D_2-	-2-81	
Š	_	EVAMBLEDICALANE	1	v h:	14 D						0.07.0			
		EXAMINER'S NAME (TYPE OR PRINT)	Ann	M. Dixon	, M.D.		ADDRESS	111 Pen						
à	23 a. BL	RIAL, CREMATION,	REMOVAL IN	DATE /	23c. NAME C	OF CEMETERY C		Y 23d	LOCATION	1	cour	VTY	STA	ATE A
	04.5	Burli	9/	16/81	1	71. PA	EI	1	MAFIL	on	SOK	1	14	1210
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)	11	atil any	6000	and la	calcolar	olle	-	FFR	2 10	184	portfor	4//		7



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) Thelma Stirling 27/1981 Gladys 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS SEX VEAD 1/19/1900 Female White BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY orthCaroline Prince George's U.S.A. WIDOWED 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Villa Rosa Nursing Home itchellville Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pr. George SilverHill 13e STREET ADDRESS 3906 Bedford Way 13d INSIDE CITY LIMITS? Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Pierce P. Adams Mary Joshua Thelma S. Thompson Silver Hill, Maryland 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO IZ INFORMANT (IF YES, GIVE WAR OR DATES) 229-60-9063 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 0 19a DATE OF OPERATION 20g AUTOPSY? 20h, IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [ NOF YES Hygi 710 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that (1) (this haspital) attended the deceased from\_ sow the deceased olive on obove, (1) (we) (did) (did not) view the bady after death. , and that in (my) (our) opinion deoth occurred on the date and hour and from the couses stated DEGREE 22c. DATE SIGNED 22h, SIGNATURE MEDICAL STAFF FUNERAL ( MPORTANT 22e ADDRESS 27d. PHYSICIAN'S NAME (TYPE OR PRINT) MontanezuD houl vith 1 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY Burial COUNTY Arlington Arlington National Cem. ADDRES 160 Oxon Hill Rots . DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 George P. Kalas Funeral Home Oxon Hill, Md. (VR A 15 (4))



	-						MARYLAND		A. 5	A 100		2.0	
	1-	FOR STATE REGISTRAR											
6	I. DE	CEASED NAME	P.RAKI		MARIE		STITE		20 DATE KNOW OF ESTI DEATH MATE	N MONTH			
Reston Strong	3. SEX		eck	5. DATE OF BIRTH MONTH DAY NOV 22	6. AGE (IN: LAST SIRTH	PEARS IF UI	NDER 1 YR. IF UIT	NDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH 2-7	DAY YE		
21	FC M	IRTHPLACE (STATEOR DREIGN COUNTRY)		76. CITIZEN OF WE		8. MARR	HED NEVER A	ORCED		George	s Cour	nty MD.	
AMITALRECORDS, 201 W/F	Ø.	heverly		11. NAME OF HOS (15 MOT IN SUCH FAI Prince	PITAL, NURSING HOA CILITY GIVE STREET ADDRESS George's	Co. F	er institution Iospital	FOR	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Dependent			176 KIND OF BUSINESS OR INDUSTRY	
35		AL RESIDENCE (# INN STATE Md.	IL SING HOME OF		136. CITY OR TOWN Capt Hg			0 40	Bayou	Avenu	ıe		
0	Н	ather's Name arold	2 1111 5	McKiss	_			ith	MIDDLE	Su	ite LAST		
1	- (Y	WAS DECEASED EVEI ES. NO. OR UNKNOWN) NO	(IF YES, GIVE W	VAR OR DATES)	None  for (o), (b), and (c).)	IIY NO.	Judith		, Moth			Above	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION I PRIOR TO BURIAL, CREMATION, OR REMOVAL	NO	Conditions, if gove rise to couse (a) statin lying couse loss	immediate ig the <u>under-</u> t.	(b)	AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TEE	OF	E OR CONDITION GIVE	V IN PART 1 (a).					
JRIAL, G	CERTIFICATION	19a DATE OF OPER	RATION	19b. CONDIT	ION FOR WHICH OPE	RATION	VAS PERFORMED?	?			20 AUTOP		
3		21a EXTERNAL CAL UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH P.M.	MONTH DAY YEA	AR		URRED (ENTER)	NATURE OF INJURY IN I	EM 18 PART 1 OR F			
	MEDICAL		RRED T WHILE WORK	STREET FACT	DF INJURY (AT HOME, ORY, FARM, ETC.)		OCATION STREET		CITY OR TOWN	c	OUNTY	STATE	
BALTIMORE, MARYLAND, 21201		220 I certify that death resulted from ACTUAL SIGNATURE	_	e of the remoins described al causes (A)	cribed obove, held on Accident	_Autor	Homicide (  TITLE (SPECIF	Y)	Inquiry , ermined manner	ond in my o	2-9-	81	
ALTIMOR	7				Korell,M.D		ADDRESS		Street				
- 8		URIAL, CREMATION, SPECIFY)  Burial	2	-12-81		Hill	Cemete:	ry Su	CATION OR TOWN  itland REGISTRAR 1256	P.G.		STATE	
7	-	UNERAL DIRECTOR NAME Funeral		Wilhel	m 4308 S	ouit]	land "	FEB 1	KEGISIKAK 138	REGISTRARS	Ma Cra		

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to to the a's years so years to be a fine and the second so years.

/	1-	FOR STATE REGISTRAR			DEPARTMENT CO	FHEALTH		NTAL HY		REG.	0 E	5 /	5	8
		CEASED NAME E OR PRINT)	James		MIDDLE	S	wailes		OF	ESTI- H MATED	*		YEAR 19 81	26 HOUR
DIRECTOR. DURECTOR. TO HOURS ON STREET,	3. SEX		Black	Oct.12,	YEAR LAST BIR	HDAY) MONT		FUNDER 24 HOURS M	HRS. 2c. DAT	JNCED	MONTH 2	DAY	YEAR 19 81	102:10
A SOURCE	70 BI	RTHPLACE (STATE OF		U.S.A.	IAT COUNTRY?	8. MARR WIDOV	ED NEVE	ER MARRIED DIVORCED	MA		y <u>or coul</u> eorge			
PACE TO THE STATE OF THE STATE		ty or town of di Chever I y		Prince Ge	PITAL, NURSING HO	eneral	Hospi		FOR MOST OF WI	UPATION (		12b. KIN	ID OF BUI	SINESS
ANY DANY DANY DANY DANY DANY DANY DANY D	130. S	L RESIDENCE (IF IN 1 TATE	TANCOS ANT		13c. CITY OR TOWN	4	13d. INSIDE CITY	LIMITS? 13	street addi Gen					
MD W 3.2 N 3.2 N 3.2 S 2 S 2 S 2 S 2 S 3 S 3 S 3 S 3 S 3 S		THER'S NAME FIRST Walter		MIDDLE	Milburr		15. MOTHER'S MAIDEN NAME MIDDLE MARY Elizal					Swai		
JRS AFTER DEATH JRS AFTER DEAT	16a. V	VAS DECEASED EVE SS, NO, OR UNKNOWN) NO	(IF YES, GIVE W	/AR OR DATES)	16b. SOCIAL SECU	RITY NO.	Mary		s Swai	les		ingt		
L RECORDS, 201 W. PRESTON ST., BALTIMA ULD BE EXECUTED WITHIN 24 HOURS AFTER "PENDING" IN PENCIL IN ITEM 18. GIVE PA FF MEDICAL EXAMINER ALONG WITH FOR FED AS A BURIAL - TRANSIT FREMIT. PAGES 1 HEALTH AND MENTAL HYGIENE, DINISION AL, CREMATION, OR REMOVAL.	2	Conditions, if gave rise to cause (a) static lying cause las	immediate ng the <u>under-</u> t.	(b)	AS A CONSEQUENCE  AS A CONSEQUENCE  OUT NOT RELATED TO THE 1	CE OF	E OR CONDITION C	GIVEN IN PART I	10.					
SHOULD BE OND THE WITH THE WIT	CERTIFICATION	190. DATE OF OPER	RATION	19b. CONDIT	ION FOR WHICH O	PERATION W	AS PERFORM	ED?					UTOPSY?	
TIPICATE G THE WOULD B HOULD B ARTMEN	MEDICAL CERT	216. EXTERNAL CA UNDERLYING CONTRIBUTING	OR CAUSE OF D	216. TIME OF HOUR X.X. EATH 4:30P.M.	MONTH DAY Y	ar Bl Dr			cle/aut				E2 <b>W</b> .)	но 🗌
TARAKE	WE	WHILE NO	T WHILE WORK	STREET FACT	ORY, FARM, ETC.)		TREET		Leonard			Mary	¹s,	Md.
AL EXAMINER: THE CERTIFICATE HOULD BE FOR RAL DIRECTOR: ATH, WITH THE S RE, MARYLAND		226. I certify that death resulted fra ACTUAL SIGNATURE		af the remains described causes ,	Accident X,	Suicide	Hamicid	ECIFY)	, Inquir Undetermined r	monner [	and in my	epinion	17/81	
TO MEDIC EXECUTE: PAGE 4 S TO FUNE AFTER DE BALTIMOI		EXAMINER'S NAM (TYPE OR PRINT)	VIIC	<del></del>	Dolan, M.		ADDRESS				enn St	reet		
BP	Bu	JRIAL, CREMATION PECIFY) Irial JNERAL DIRECTOR		2/20/81	Charle		moria	l Gdr	23d LOCATION CITY OR TOWN S. Leo C'D. BY REGISTR	nard	town			
DHMH - 17 (VR A15 ME (5)) 15M 2/80	and the same	Clarke	Matti	ingley	Leonard	town,		FEB 2	0 1981	F	which	//507	7	rid.

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1 1					OF MARYLAND	Ph E	0	, se ,	ye 12
15 15	1.	FOR STATE	DEPART		EALTH AND MENTAL HY	GIENE &	U	5 /	5 7
		REGISTRAR		CERTIF	ICATE OF DEATH		G.NO.		
• 6. <del>.</del>		CEASED NAME FIRST	WIDDLE	6	AST O	20. DATE OF DEA		16711	26. HOUR
oy b	2.05	The second second	es 14 race	SW	eeney	6. AGE (IN YEARS L	02-23-8	UNDER 1 YEAR	12:39 MP
4 94 F	3. SE	Male	Cauc.	S. DATE C	t. 29, 1896	84	MO	NTHS DAYS	HOURS MIN
Poge		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	R			YRS.	F DEATH	
eath	, 0	New York	U.S.A.	WIDOWE	NEVER MARRIED DIVORCED		GEORGE'S		MD.
e v e	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)		12ª USUAL OCC	JPATION	12b. KIND OF	BUSINESS OR
by the		CHEVERLY	PRINCE GEORGE'S	GENE	RAL HOSPITAL	Ret. Pr	OFESSOF	of N	1d.
4 hou	136	STATE _ 13b COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE  134 CITY OR TOW  BOW 1 C	ADMISSION)	13d. INSIDE CITY LIMITS?	13 STREET ADD	ess Osworth	Lamo	
hin 2 show		Maryland P.	. d. Dowle		YES NO []		OSWOT LIT	Laze	
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xecution and co	16a V	VAS DECEASED EVER IN U.S. AR	F 1111 B COR D 1 2001		17 INFORMANT		DDRESS BOY	vie, N	
be exe		yes	W 1 219-36-	8729	Verna R. S	weeney,	2807 Bos	sworth	
cate lysicia apper aval.		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly one cause per line felial (blace	A	0		to All	APPROXIM BETWEEN O	NATE INTERVAL
ertifi ng ph banp remo			TE CAUSE (o) WELLELL	luc	commun	while	6 mill	11	relie
endir e cori		1337	DUE TO, OR AS A CONSEQUE	NCEOF	011-0	2.0	1	E.S.R	
e att mave natio		Conditions, if any, which gave rise to immediate	(b) /CV	9000	my good	men	A 0	-	
by th assere I, crer		couse (a), stating the underlying couse last	DUE TO OR AS A CONSEQUE	NCE OF	hallit	in Ku	linto	Paller.	
gned n ple burio ry, ar		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BU	NOT RELATED TO THE TERM	AINAL DISEANE OR	CONDITION GIVEN	IN PART 10	)
en sign en sign or ta bu	NO.	Banerene	of Food Re	ions	a table	useles	dest		
law bs be ermit e price	CERTIFICATION	DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY	IN CERTIFYI	WERE FINDING NG CAUSES (	GS USED OF DEATH?
N. The scate he ransit p Hygien Hygien	ERTI	210 ACCIDENT WAS UNDERLYING	1 216 TIME OF INJURY	un	Ac HOW INJURY OCCUR	YES NO	_	-	NO 🗆
phys phys phys phys tol Hy m 18		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	21. HOW HAJORY OCCOR	KED (ENIEKNATURE	FINJURT IN HEM 18, PAR	I OKPARI 2)	
IYSIC ding s cer burio Ment	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211. LOCATION				
G PH attendation	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, FEC.]	STREET	CITY	ORTOWN	COUNTY	STATE
or or or see of the se			tal pringled the deceased from	YIN	. 19	. 10	3, 19	XI.	Hat (1) (we) lost
TTEN TTOR TORY of H		saw the deceased alive	The body ofter death	, or	d that it (my) (our) opinion	death occurred on	the date and hour o	and from the c	ouses stated
OR A e hose DIREcoched Sched Dept.		27E SIGNATURE	75 11		DEGREE ATTENDING	MEDICAL	STAFF	231. DATE S	IGNED
PITAL by th ERAL State		The way	66	/	PHYSICIAN E	DIRECTOR		1/0	7/9/
HOSP ained 1 D FUNE th the 3		Jevo Levo	- Sandle	/	6490 Lang	lover 1	-d , have	Jover	416, ml
504	23a. E	SURTAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	bdria, "	STATES	STATE
→ BP	74 FI	Cremation JNERAL DIRECTOR ROAT			olitan Cren		TRAR 256. REGISTRA		
DHMH - 16 50M 7/77 (VR A 15 (4))	27 (1		polis Rd., Box	wie,	Md.	B 2 7 198	Aug.	7/200	housely

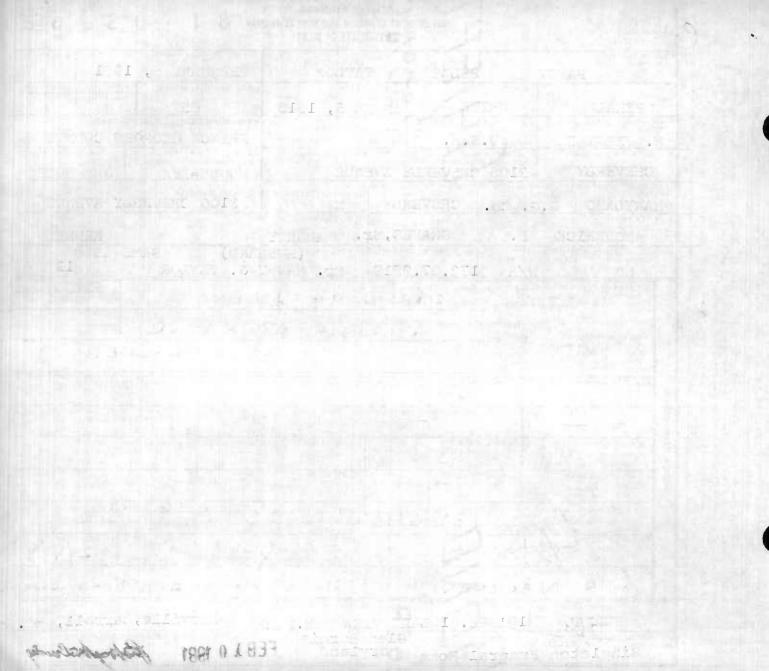
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of Mr.	Professor	Ret.	JATTARCE LASE	de la celon	AORA SA		Yabiovisio
95. J	Sesworth	2807		эіч	8 cv	.0.9	tary land
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ic, Hr.	30v v,2807 30si	Sweene	Yern R.	-36-8729	219.	f WW	yes
				TOTAL S			

Gremation 2/24/1981 Met opolitan Grem. Alexabrria, Viccinia Beall Fineral druc 16000 Annapolis Rr., Boule, Mr.

Maryland

Singleton Funeral Home

(VRA 15(4))



15	16		STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 5 / 6   STATE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.  EASED NAME FIRST MIDDLE LAST 28 DATE OF DEATH MONTH DAY YEAR 100 HOURS										
	8 7 E		CEASED NAME FIRST	ALTER		YLOR	51	2a. DATE OF DEATH MONTH 02-23	-81	26 HOUR 4:30 P.			
	you go	3. SE		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)					
	ector.		Male	Blac	ck	Feb		81 YRS.	MONTHS DAYS	HOURS MIN.			
	death. Pour 72 hou		RTHPLACE   STATE OR FOREIGN $\mathbf{N}_{ullet}\mathbf{C}_{ullet}$	US		WIDOWE	NEVER MARRIED DO DIVORCED	PRINCE GEORGE'S					
201	by the fulled with	CI	TEVERLY	PRINCE	111. NAME OF HOSPITAL, NURSING HOME OR OTHER INST IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS! RINCE GEORGE'S GENREAL HOS			124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired					
AND 21	filled in hauld be	USUAL RESIDENCE (IF NURSING HOLD OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS  Maryland Highland Park 136. STREET ADDRESS  YES  NO  1210 Fiji Avenue											
MARYL	d completely es I and 2 shu		IA. FATHER'S NAME FIRST  Kelly Taylor  MIDDLE LAST  Marcellous Pender										
TIMORE	be execu		VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN)	ARMED FORCES? S, GIVE WAR OR DATES)			Mrs. Dora	Taylor-wife-1					
35, 201 W. PRESTON ST., B	juires that the death certifics signed by the attending phy nen please remove carbanpa obural, cremotian, or removiny, or other traumatic event	Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DIATE CAUSE (6)  DUE TO, C  (b)  DUE TO, C  (c)  NT CONDITIONS C		HELLE HELLE NCE OF		(MEASURE)  INAL DISEASE OR CONDITION GIV		mate interval onset and peath 2-4147			
DIVISION OF VITAL RECORDS	The law recition.  te has been sit permit. If giene priar this shows any in	CAL CERTIFICATION	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	IN CERTIF	, WERE FINDIN YING CAUSES S				
NOF VIT	r Item 18 sh		2)d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A	de injury M. Month Da M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)	EV.VIDE			
DIVISION	NG PHY: offer this os the but thought on the but the b	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
•	by the hospital or by the hospital or ERAL DIRECTOR: A e detached for use State Dept. of Heal ANT: If Hem 21 is m		22a. I certify that (1) this h saw the between oliver above (11) well (did) the 22b. SIGN ATURE			/	EGRÉE ATTENDING	death accurred an the date and hou	19 1 r and from the c 22c. DATE S 2 - 2				
	retained by the TO FUNERAL should be detroited by the State with the State		22d. PHYSICIAN'S NAME IT	SKHISSU	ER M		22e ADDRESS 7100 B	altimore Blud	Celle	ge Phe Mol			
000	DHMH-16 30M 2/80	. B	BURIAL, CREMATION, RIMO SPECIEVI Urial Uneral Director	Feb 2	1981		METRY OR CREMATORY MONY Memori 25g. DATE	23d. LOCATION CITY OR TOWN  al Park Land  E REC'D. BY REGISTRAR 256 REGIST	COUNTY M	aryland			
	(VRA 15, 4)	S	tewart Fune	ral Hom	e-4001 I	Benni	ng Road, NE	2 5 1981	7	7			

LATTY ON LABRE & SOURCE STATUS THE TO SET THE . DESCRIPTION OF THE OFFICE OF THE PROPERTY OF Prob. 28, 1981-65. (19, 1967) determine transmit Park

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medical examiner must be notified of

MPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the

FOR - STATE

REGISTRAR

STATE OF MARYLAND 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Waldorf 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

		CEASED NAME	FIRST		MIDDLE	t	AST		20. DATE OF	DEATH MON	TH DAY	YEAR	26 HOL	IR		
-	(TYPE	OR PRINT)	DONALD	T	Т	THOMAS	3		2001	0.2	17	81	6:15	A.M.		
A	a se			RACE Caucas		S. DATE C	F 8IRTH	1945	6. AGE (IN YE	ARS LAST BIRTHDAY		NDER I YEAR	IF UNDER	7.13		
5	70 BIRTHPLACE (STATE OR FOREIGN			U.S.A	WIDOWE	MARRIED NEVER MARRIED WIDOWED DIVORCED			9 BALTIMORE CITY OR COUNTY OF DEATH Prince Georges  MD.							
36	Clinton			11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES Southern Maryland			l Hospital Center			170 USUAL OCCUPATION 126 KIND OF BUSINESS INDUSTRY FOOD						
5	130 5	aryland	HILL COUL	OTHER INSTITUTION, NTY	RER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION								rfield Drive			
ام	Ernest C			WIDDLE	Thoma		Ell		ME	MIDDLE	Va	Vaughn				
1		Was deceased ever in u.s. armed forces? 166. Social security no. 17 Informant ADDRESS  (YES, NOOR UNKNOWN) (IF YES, 9/VE WAR OR DATES) 214-48-8578 Ellie Thomas Same as #								s #1	.3-е					
ICATION	CERTIFICATION	Conditions, if o gove rise to couse (o), ste underlying course To There St.  PART 2 OTHER St.  PORT 1  190 DATE OF OPEL	ny, which mmediate thing the use lost.  GNIFICANT C.  CITT.  RATION	DBY:  TE CAUSE (o) R  DUE TO, OI  (b) h  DUE TO, J  (c)  CONDITIONS CO.  19b. CONDI	R AS A CONSEQUE emothor RTAGENSEDE DITTRIBUTING TO D hepatic TION FOR WHICH	OTY  NCE OF   AX,  CUTPA  DEATH BUT  Fai	bilate right l effu  NOT RELATED LUTE, N WAS PERFO	ral prision, Townian	left Spread of clo	OR FORMUTA Otting PSY? 206	ema Tiffa fac . IF YES, W CERTIFYIN	sev. 8 hr: week: W	hrs	3 • B • C • C • C • C • C • C • C • C • C		
1	MEDICAL CERT	21a. ACCIDENT WAS I OR CONTRIBUTING [ (IF EITHER NOTIFY M 21d INJURY OCCUMULE AT WORK	UNDERLYING CAUSE OF DEA	21b. TIME O HOUR A.I P.I 21e PLACE ( (AT HOME, STR	M. MONTH DA M.  DE INJURY  EET, FACTORY, OFFICE, FA  de deceosed from	Y YEAR 19 ARM, ÉTC) 2-15 1 . or	211. LOCATION STREET	JÜRŸ OCCURR DN _, 19_ <b>81</b>	, to2 •	URE OF INJURY IN II  CITY OR TOWN	. 19_	COUNTY	that (I) (	STATE we) lost		
1		22d PHYSICIAN'S	a C. S	11berm		• IAME OF C	22e ADDRES	REMATORY	23d LOCA	201110		11 [21]	8-81	TATE		
		Durial		02/20	JOL TY	trair	V. Mem	. Cand	Lana Ist	07 2	01.	7				

Inc.

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

Lee Tuneral Home,

Resulratory failure TOTE . TOT billeteral male oners occur cev. tre. and I incretion of the respire lerge ploured effuelor doft TOTAL CORREGUE HER CERTICELLE Portal circlesia, legatic reilure, loss of clotting inctore-2-i6-21 insertion of cheek tube, tight - I - 2 William C. Cillonten M.D.

The state of the s

2/17 = 1// 6 Mayor All. O mish all I DONALD M. FAMILY Parts 

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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7	1-	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYGI	IENE B   REG. N	0.	5 /	6 4
	(TYPE	CEASED NAME FIRST ORPRINT) RUTH	MIDDLE	THO	OMAS	2a. DATE OF DEATH	2 /4	181	26 HOUR 1100 AM
)	3. SEX	Female  RIHPLACE (STATE OR FOREIGN	White  The CITIZEN OF WHAT COUNTRY?	5 DATE C	OF BIRTH OAY YEAR OF O	6. AGE (IN YEARS LAST BIRT 71 9. BALTIMORE CITY O	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
5	C	ountry laryland	U.S.A.	MARRIE	D NEVER MARRIED D	Prince Geo			MD.
24	I	aurel	11. NAME OF HOSPITAL, NURSIN URAOT IN SUCH FACILITY, GIVE STREET A Greater Laurel B	eltsv		170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Accountar	F WORKING LIFE	INDUSTRY	Govt.
35	Ma	ryland I now	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 130 CITY OR TOWN Clarksv	Llle	13d. INSIDE CITY LIMITS? YES NO XX	13555 H	ighlan	d Dri	ve
SO.	14. FA	Elmer	Tucker		Mina	WIDDLE	Su	therI	land
2	16a V N	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	EWAR OR DATES)	1930	R. Ann Gait	ADDRI th <b>e</b> r Higha		Md. 2	20777
	NOI	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	Ma		L-C	DITION GIVEN	140 3 U	ece-
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, VIN CERTIFY!	WERE FINDING CAUSES	NGS USED OF DEATH?
7	MEDICAL CE	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19	21c. HOW INJURY OCCURR 21f LOCATION STREET	ED (ENTER NATURE OF INJU CITY OR TO		COUNTY	STATE
		the deceased alive on	itol) ottended the deceosed from 19 0 19 0 19 0 19 0 19 0 19 0 19 0 19		nd that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN (7)	MEDICAL STA	FF		
)	J	HOLLIN'S NAME (TYPE O	J. BENSINGE	27	676 New 1	Thurs lice	· Are	Lorde	of by Por
	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY)			emetery or crematory  Land Mem. Pl	C Baltime	ore Co	, Mar	ryland

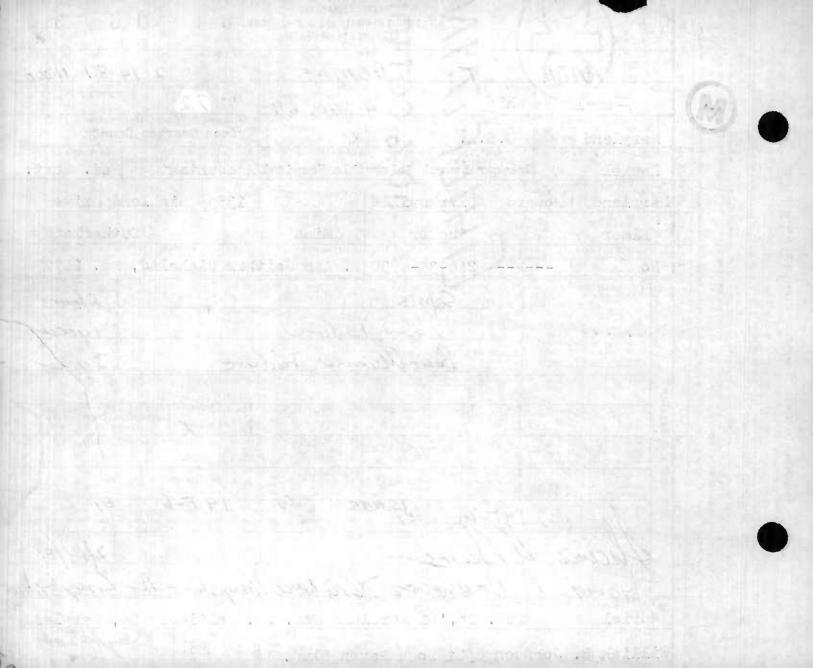
DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR
NAME
William E. Johnson 8521 Loch Raven Blvd

ADDRESS

Pk. Baltimore CU, 1250. DATE REC'D. BY REGISTRAN'S SIGNATION FR. 17 1981



10	1.	FOR			DEI		OF HEALTH A	RYLAND ND MENTAL HY	GIENE 8		0 5	1	6	5
	'	- STATE REGISTRAR					RTIFICATE C			REG: NO.	- 3			
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d 0 1 2	l B	IRTHPLACE (STATE OR FO	REIGN 7	b CITIZEN OF	WHAT COU	NTRY? 8.	ARRIED X NEV	ER MARRIED	9. BALTIMORE	CITY OR CO	UNTY OF D	EATH		
de de de		Maryland ITY OR TOWN OF DEAT		US			OWED	DIVORCED [		GEORG				MD.
a 21 m	10. C	ITY OR TOWN OF DEAT	н '	(IF NOT IN SU	CH FACILITY, GIV	E STREET ADDRE			120 USUAL OC			Ib. KIND OI IDUSTRY	F BUSINE	SS OR
201	8000	CHEVERLY						HOSPITAL	Ret. M	eat Mo	gr,	Gian	it F	ood
de d	13a.	AL RESIDENCE (IF NURSIN	3P CONI	LA LHEK INZILIDLION	13c CITY O	RTOWN		DE CITY LIMITS?	13e. STREET AD					
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11 5 0- 2	140.3	Joseph WAS DECEASED EVER IN	IIIC ADA	A.		LSECURITY		Viol	.a	ADDRESS	Marlo	W		
MORE e exec Poges		YES, NO OR UNKNOWN)		WAR OR DATES)									- A	home
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ficate ficate paper savol ent, t		18 CAUSE OF DEATH PART I. DEATH WA			r line for (a),	155/VE	INTRA	CERCON	n BL	951)	-		PS AND	DEATH
d ST certing pon r rem		1/2/0	MMEDIATE	CAUSE (o)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70 12.00	7- 12		-/1	-	
PRESTON he death or he attendin emove carle imation, ar		Conditions, if any,	and the first	DUE TO, C	OR AS A CON	ISEQUENCE	TENSION	,				-	-	
PRES		gave rise to imme	diate	(b)_	/	* * * * * * * * * * * * * * * * * * * *								
W. ot to		cause (a), stating underlying cause	the lost.	DUE TO, C	OR AS A CON	ISEQUENCE	OF							
201 es the plec vriol		PART 2 OTHER SIGNI	FICANTIC	ONDITIONS C	ONTRIBUTIN	IG TO DEATI	BUT NOT RELA	TED TO THE TER	MIN AL DISEASE (	OR CONDITIO	N GIVEN IN	PART 1/c	1	
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DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offending physicion. Iffer this certificate has been sign os the burial-transit permit. Then th and Mental Hygiene prior to b orked ar teen 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	NC	196 COND	ITION FOR V	WHICH OPER	RATION WAS PE	RFORMED	20a AUTOP	SY? 20b.	IF YES, WEI	RE FINDIN	GS USE	)
TALR in The last incion.	I I		100						YES 🗌 I	NO O	YES [	CAUSES	NO [	
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PHYS ending this of Moder Id an Id an Id	MEDICAL	21d. INJURY OCCURRE			OF INJURY	OFFICE, FARM, E	211 LOC	ATION TREET	7.4	CITY OR TOWN	c	OUNTY	s	STATE
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	8	72s I certify that (I) (I	his haspite	all attended !	he deceased	10 87	2/14	19_81	, to	23	19		that (1) (s	,
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OR DORE		22b. SIGNATURE	111	1.1	211	4	DEGREE	ATTENDING	_ MEDICAL _	STAFF		22c. DATE	SIGNED	10,
"		COL SUCCESSION NEWS NEW YORK	1 4	an V	conkly	100	M.D.	PHYSICIAN	DIRECTOR _	PHYSICIAN	8	2/	24	181
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		22d. PHYSICIAN'S NAM		PARK	HIRST	M	22e. ADI	CHEN	BRLY -	PG	SA		, ,	
Short Short	23e	BURIAL, CREMATION, R		23b. DATE	710.007		OF CEMETERY	OR CREMATORY	23d. LOCAT	ON	//			
0000		Burial		2-26	5-81		r Hill		Suit	land,	P.G.	, Ma	aryl	and
DHMH- 16 30M 2/80			h+ 1				8 Suit		TE REC'D, BY REC	SISTRAR 260	EGISTRAD	SIGNATI	URE	
(VRA 15, 4)	I	Funeral Ho	ome 1	Rd.	, Su	itlan	d, Md.	Talle	2 ( 1981		7		y	•

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Hampshire Ave, S.S., Md.

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(VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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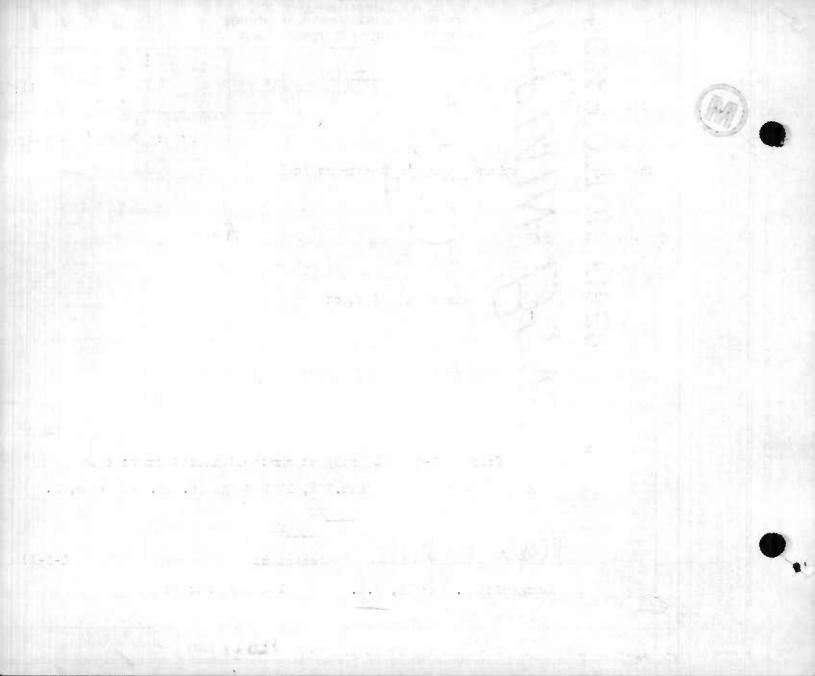
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Funeral Home

STATE OF MARYLAND

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200	3 SEX	(	4. RAC _	DATE OF BIRT		6. AGE (IN YE	ARS IF UND	DER 1 YR.	IF UNDER 2		C DATE		MONTH	DAY	YEAR	71100
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F ANY DEL F AND 3 TO RETAIN P SHOULD BE CRECORDS.	13a. S	TATE	(IF IN NURSING HOME		13c. CITY	ORTOWN	1	3d. INSIDE CI	ITY LIMITS?		ET ADDRE	SS			do .	
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E, MD.	1	THER'S NAME	110 1110	iters		LAST		F F	ER'S MAIDEN	0	erd	DDLE			LAST	
LTIMORI NTER DE VE PAGE 1 FORM SION OF	16a. V	VAS DECEASE		MED FORCES?		CIAL SECURIT		7 INFORM		7 / 1	7700	ADDRES	S			
RES AFTER DEATH ORE.  GIVE PAGES WITH FORM P.  PAGES I ANU	(4	NO. OR UNKNO	(IF YES, GIVE	WAR OR DATES)	5-77	-50-3	122/	Sent	fnude	win	21 tra	15	Simi	es H	5/3	E
		18 CAUSE O PART I DE	F DEATH (Enter or ATH WAS CAUSE	nly ane couse per l D BY:			c -1	4					-19	BETV	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
PER		966	O IMMEDIA	TE CAUSE (o)		ound of		3 L						-		
EWC FAN			ns, if any, which													
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UTED IN PER EXAM		lying cau		(c)	JK AJ A CON	SEODEINCE	Jr									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IB FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG VOR: PACE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TN BUT NOT RELA	TED 1D THE TERM	INAL DISEASE I	DR CONDITION	N GIVEN IN PART	T 1 (a)						
NI RE	CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	DITION FOR	WHICH OPER	ATION WA	S PERFOR	MED?					20 A	UTOPSY?	
F SSETTE L	E													,	ES XX	NO 🗌
CORPENS OF			L CAUSE WAS		OF INJURY	DAY YEAR	21c HO	W INJURY	OCCURRED	) (ENTER NA	TURE OF INJU	JRY IN ITEM 18	PART I OR PA	ART 2)		
S STOOM S	MEDICAL	CONTRIBUTI	OR NG CAUSE OF	DEATH 8:5		-4 198]		piect	etabl	hed d	ไรเราร์สาด	o al :-	arrat	rion		
VISION OF PRINCIPLE AND PRINCI	Ď.	21d. INJURY C		21e PLAC	E OF INJURY	(AT HOME.			_stabl							
DIN THIS C WRIT WARD VARE TATE (	Z	AT WORK	NOT WHILE	k I	actory, farm, E	IC.)	Apt.	201,	3209	Dodg	e Pk.	Rd.	Land	over	,Md.	STATE
ATE, SORV		22a. I certif	fy that I taak char	ge of the remains o	described aba	ve, held on	Autopsy	XX	Inspection		Inquiry	□, ∘	and in my a	pinion		
A PER PRESENTATION OF THE PER		death resulte	ed from: Natu	ral causes .	Accident	, Su	icide	Homic	ide XX	Undeter	mined ma	nner .	,			
WAR WAR		A CTUAL	1110	VALA	H. W	1 00		TITLE (SI	PECIFY)							
3223EW		ACTUAL SIGNATURE	Ju.	MARIE	My 3	nell	M.D	Ass:	istant	MEDIC	AL EXAM	INER	DATE		2-5	-81
NOS NOS		EXAMINER'S	NAME													
TO MEDICAL EXAMINER: TO MEDICAL EXAMINER: TO PACE & SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		(TYPE OR PRI	VT)	argarita							Stee	eet				
	23 B	JRIAL, CREMA	TION, REMOVAL	236. DATE	23c. N	NAME OF CEA		CREMATO	ORY	23d LOC	RIOWN /		COU	YINTY	ST	ATE
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DHMH - 17	74 FL	NERAL DIRECT	,	1925 ADDR		11=1,11=	. 1		25a. DATE RI	B17	201013	R 256 REG	ISTRAR'S	5 GNAT	URE	
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Rd., Suitland, Md.

DHMH-16 25M (VRA 15, 4) 1/79

Funeral Home

STATE OF MARYLAND

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16		FOR			PEPARTA	AENT OF H	EALTH	AND MENTA	LHYGIEN	E 1	0	5 /	7	3
6		STATE REGISTRAR						ERTIFICATE			REG. NO.		314	
		CEASED NAME	FIRST	2017	MIDDLE			LAST	1	20. DATE KI	NOWN []	MONTH D	AY YEAR	26 HOUR
De se			MARY		L.		W	ATSON		OF DEATH A	AATED	02-1	5-81	м
	J. SE	male l	Unite	5. DATE OF BIRTH	O3	6. AGE (IN YEA	MONTH		MINE	2c. DATE PRONOUNC	ebruary	y 15,	YEAR 1,81	2d HOUR 1:45
SSEAN 22	FC	RTHPLACE (STATE REIGN COUNTRY) Ohio		76. CITIZEN OF WH		IRY?	MARRI WIDOW	ED NEVER MA	ORCED	Prince	RECITY OR C	ges C		- Pitt
A Solution And Andrews	10. CI	Laure		11. NAME OF HOSE Greater				erinstitution le Hospit	FOR M	OST OF WORKIN	TION (TYPE OF NG LIFE) Prator		OR INDUSTR	YS
BALTIMORE, MD. 21201 S. AFTER DEATH, IF ANY DELV GIVE PAGES 1, 2, AND 3 TO TITH FORM PM. 3. RETAINS PAGES 1 AND 2 SHOULD BE INISION OF VITAL RECORDS.		Md.	NI COUNT Anne	other institution, GIV Y Arunde1		BEFORE ADMISSIO OR TOWN aurel	N)		13e STRE 269	ET ADDRESS			<del>- 01</del>	fice
E. MD S1, 2, 2, 2, 2, ND PM 3. ND 2 S	14. FA	THER'S NAME Willian		MIDDLE	36 77	AST		15. MOTHER'S MA		MIDE	DLE		LAST	
ER DEA PAGES ORAN PLANTED ON OF A PAGES OF A		WIIIIIAN		ED FORCES?		andry	NO	Letit	ia		ADDRESS	S	mith	
RS AFTER DEATH. IF B. GIVE PAGES 1, 2, WITH FORM PM 3. I. PAGES I AND 2 SI DIVISION OF OTTAL	(Y	NO OR UNKNOWN	(IF YES, GIVE W	/AR OR DATES)				Marylin	Wats		Same	ag 1	3e •	
3 8 3 1.0		18 CAUSE OF D	DEATH (Enter only H WAS CAUSED	one couse per ligh							Danie		APPROXIMATE BETWEEN ONSET	INTERVAL
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TO MEDI EXECUTE PAGE 4 TO FUNE BALTIMO		EXAMINER'S NA (TYPE OR PRINT)	Aygu	sto P. Ro				ADDRESS 5009			rt, Car	mp Sp	rings,	Md.
	230. BI	JRIAL, CREMATIO PECIFY) Burial	N, REMOVAL 23		23c. N.	AME OF CEM	ETERY OF	CREMATORY	23d. LOC	CATION		COUNTY	STA	ATE
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Funeral Home, Waldorf, Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE

(VRA 15. 4)

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REGISTRAR

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STATE OF MARYLAND

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Riverdale. Maryland

Chambers Funeral Home

STATE OF MARYLAND

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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1. DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH		DAY	YEAR	2b. HOUR	
	Helen		A.	Whi	te		F	eb.	5	1981	12:30	
3 SEX		4 RACE		5 DATE C		Mark I	6. AGE (IN YEARS LAST BIR	THDAY)		ER I YEAR	IF UNDER 24 HI	
Female		Cauc.		Jan		1897	84	YRS	MONTHS	DAYS	HOURS M	
70. BIRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	F WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY C	_	TY OF D	EATH		
Wash D.C.		USA		WIDOWI		ONORCED [	Prince George				M	
10 CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION	120 USUAL OCCUPATI				F BUSINESS	
Cheverly				Hosp. NCC			Housewife		At H	ome		
USUAL RESIDENCE (# 130. STATE	13b COUP	VIY	N. GIVE RESIDENCE BEFOR 134. CITY OR TOW Hyattavi	VN_	13d. INSIDE	CITY LIMITS?	13e STREET ADDRESS 4809 69th	מ				
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	SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE OR CON	DITION	SIVEN IN	PART 1(c	31	
Y 19a. DATE OF OP	ERATION	196 CONI	DITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	20b. IF Y	ES, WER	RE FINDIN	NGS USED	
19a. DATE OF OPI						235	YES NO		YES [	CAUSES	OF DEATH?	
00.00.00.00.00.00.00			OF INJURY A.M. MONTH D	AY YEAR	21c. HOW	NJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM IS	8 PART I OI	R PART 2)		
(IF EITHER, NOTHEY	_		P.M	19				- 126			-101	
(IF EITHER, NOTIFY  216 IN JURY OCC			TREET, FACTORY, OFFICE, I	FARM, ETC )	211 LOCAT		CITY OR TO	WN	c	OUNTY	STATE	
AT WORK	T WORK						- 14					
22a.1 certify tho	t (I) (this hospi	ital) attended t	the deceased from_	81		19			19.0	,	that (I) (we)	
phove (I) (w	el (did) (did/mo	2/5/		. 0		y) (our) opinion	death occurred on the d	ote and h				
22b. SIGNATURE	10	m	11/		DEGREE	ATTENIO	MEDICAL		2	2c. DATE		
	L. K.	01-	Well N	LD.		PHYSICIAN [	MEDICAL STA			2/5	/81	
22d. PHYSICIAN	S NAME (TYPE C	OR PRINT)			22e. ADDRE	SS			FILE			
John R.	Miles				1-1-1							

DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or other troumotic event, the

TO FUNERAL DIRECTOR. After this certificate has been

Burial

2/9/81 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

230 NAME OF CEMETERY OR CREMATORY Arlington Nat. Compte

23d. LOCATION

Va.

George P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

CITY OF OWN

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME DATE KNOWN KT (TYPE OR PRINT) ESTI-Whitfield James DEATH MATED 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 11.193B 81 Blk. July ost Male 47 DEAD 70 BIRTHPLACE (STATE OF L CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED D.C. Prince George's replace NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Riverdale Leland Memorial Hospital Maintenance Apartment USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Georges Riverdale 5313 Riverdale Rd. YES X NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST James Whitfield Nellie Records 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** LUE YES GIVE WAR OR DATES 577-40-9264 Tressie L. Whitfield-Wife-Same as 13E 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hypertensive cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR for UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE copy WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection TO MEDICAL EXAMINE
EXECUTE THE CERTIFIC,
PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALTIMORE, MARYLAN death resulted fram: Natural causes Accident Hamicide \_\_\_ Suicide Undetermined manner TITLE (SPECIFY) Deputy EXAMINER'S NAME Kugusto P. Rodriguez M.D. 5009 Rayburn Court, Camp S **ADDRESS** 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 2-18-81 Cheltenham Yeterans Cheltenham, Md. 74 FUNERAL DIRECTOR **DHMH-17** 1661 Good Hope Rd., S.E Robert G. Mason. Inc. (VR A15 ME (5)) 15M 2/80

Maryland P. Deorgen Hyerdale I 5313 Hyerdale 2d. pillon bloittidd 577-10-206 Tremmie L. Whitlield-Vife-Came on 178

Unried 2-18-61 Cheltenham Teternas theltenham, d.

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I. RECO	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	OPERATIO	WAS PERFOR	MED	200 AUTOPSY?	IN CERTIFYI	WERE FINDIN	OF DEATH?
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DIVISION DING PH attending F After this st the burie Ith and Me marked o	E	WHILE NOT WE AT WO	HILE	(AT HOME, ST	REET, FACTORY, OFFICE	FARM, ETC.)	SIREET	70	CITY OR TOV	VN .	81	STATE
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0000 DHMH-16 25M	24 F	JNE RAL DIRECTOR	MAL	WIN	School	val	1-11	750. DATE	REG'D BY REGISTRAR	25h. REGISTR	AR'S SIGNAT	URE
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SEVERE ATHEROSCHEROTIC CORONARY HEART DISEASE. YEARS.

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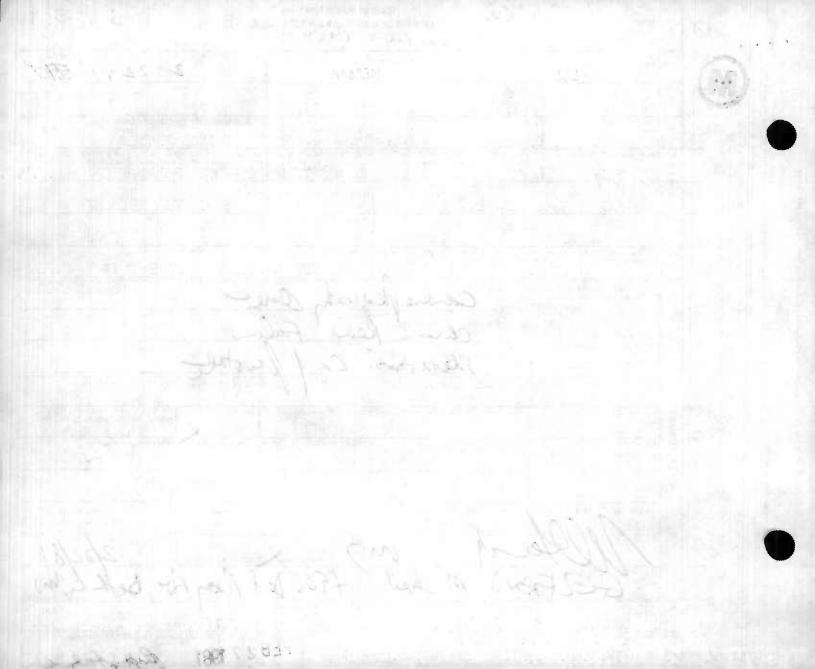
PETER W.YIM M.D.

CLINTON, MARYLAND 20735

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	1-	STATE REGISTRAR			ER'S CERTIFICATE	OF DEATH	G. NO.	
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第(4)	J. SE	male Black	5. DATE OF BIRTH	YEAR 6. AGE (IN YE LAST BIRTHD.	AY) MONTHS DAYS HOURS	R 24 HRS. 2c. DATE PRONOUNCED DEAD	2-6	198/ AM
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SALC BB. G. WIT DIV		18 CAUSE OF DEATH (Enter of	nly ane cause per line		93   Samuel K	rem, st., www, w	, A	APPROXIMATE INTERVAL
AL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  NUD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE HER MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE SED AS A BURIAL TRANSIT PERMIT. PAGES 1. 28 HOULD BE FILED HER MAN AL TRANSIT PERMIT. PAGES 1. AND 2 SHOULD BE FILED AL CREMATION, OR REMOVAL.		Conditions, if ony, whice gove rise to immediate cause (o) stating the underlying cause lost.	DUE TO, OF	AS A CONSEQUENCE O		advanulota	Milon	The state of the s
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DIVISION THIS GETIFIC WARDED TO WARDED TO WARDED TO TATE DEPARTO 21201 PRIOR	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (ATHOME, FORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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PAT PET	23a.B	JRIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEA	METERY OR CREMATORY	23d LOCATION CITY OR TOWN CHIEF	land COUNTY	STATE
000 BP DHMH-17 (VR A15 ME (5))	24 F	urial UNERALDIRECTOR NAME Sam Butler. In	2/12/81 Codess	Vashy	PC / Line	REC D. BY REGISTRAR 238. I	tland COUNTY Vland REGISTRAR'S SIGNA	AURE .
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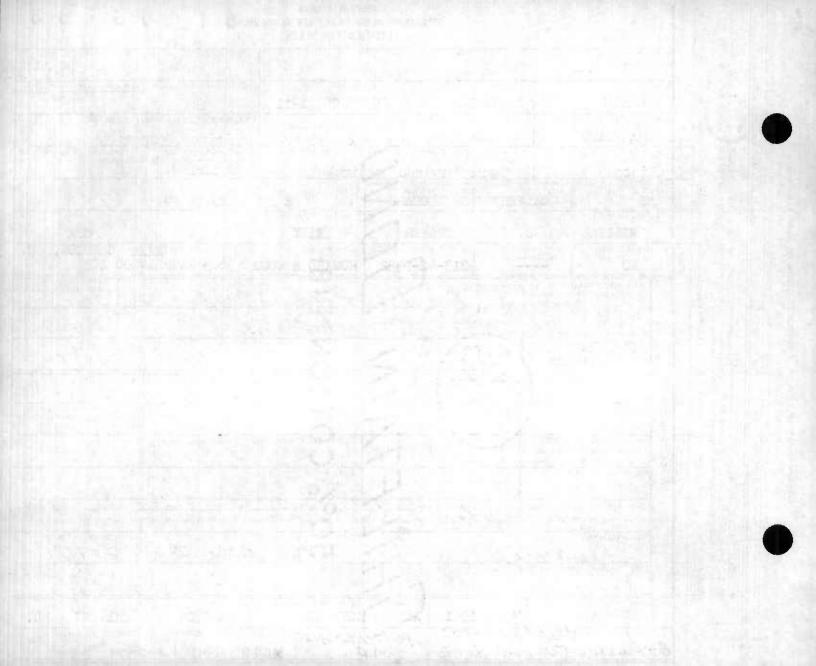
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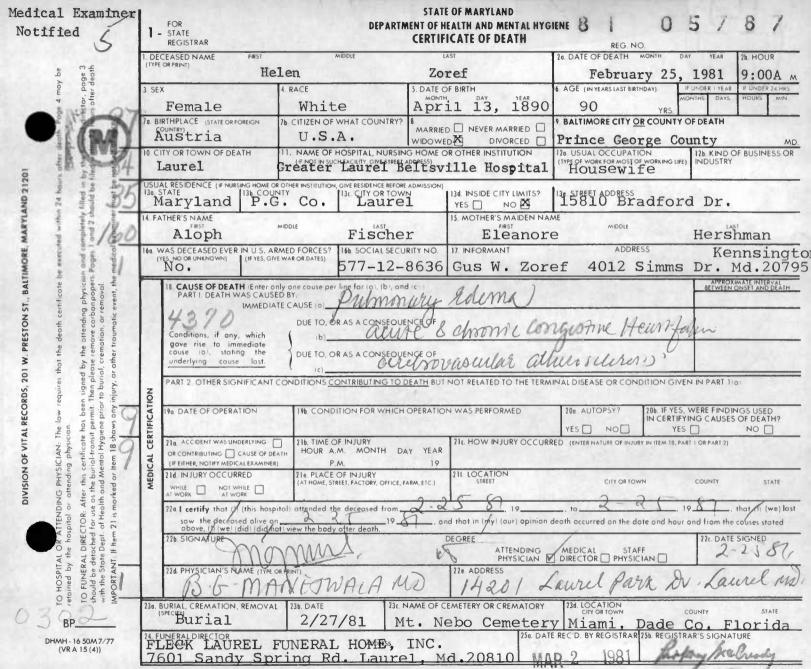
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T. D. J. Bone Co. 3 C. Dtt. Et., 32, 8660. D. D. 2002

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